

NEW MEMBERSHIP APPLICATION FORM

Applicant information:							
Name							
Residence Address		Postal C	ode	Phone		Fax	
Business Address		Postal C	ode	Phone		Fax	
Email Address				Name of Partner/Spouse			
If former or current Rotarian	ı:						
Club	Position Held			Date of Induction			
Reason for leaving							
Current Employment:							
Name of Firm:				Position How Long		ng?	
If retired:							
Employer or profession at the time of retirement				Position How Lo		ng?	
Employment History (exclud	ding current employ	ment):					
Name of firm		City	Province		Position		Date
Name of firm		City	Province		Position		Date
Education:							
Name of University or College		City		Province		Degree and Year	
Name of High School		City		Province		Data of	Graduation



List Community Service Activities and Achievements:						
Why do you want to be	a Rotarian?					
Interests and Hobbies:						
Special Dates:						
Applicant's Birthday:	month/day/year	Applicant's Spouse/Partner Birthday:	month/day/year			
Anniversary Date:	Month/day/year		.,			
Personal References:						
Name		Address	Phone			
Name		Address	Phone			
Proposer's Name:		Signature	Date			
Applicant Certification: (To be signed only at request of the proposer or Club Secretary): I certify that the facts set forth above in this application for membership are true and complete. I understand that it will be my duty, if elected, to exemplify the Object of Rotary in my daily contacts and activities and to abide by the constitution and bylaws of the club. If elected, I agree to attend new member orientation and educational sessions within six months of my induction and I understand that my attendance record for the club meetings and projects will be reviewed regularly by the Board of Directors. I hereby give permission to the club to do police and reference checks and to publish my name and proposed classification to its members.						
Applicant's Signature		Date				