



# ROTARY CLUB OF MEDICINE HAT



## APPLICATION FOR MEMBERSHIP

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation/Business: \_\_\_\_\_

Occupation/Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Membership Proposed: ( ) Active Membership      Classification\*: \_\_\_\_\_  
( ) Honorary

\* If retired, provide name and former firm and position: \_\_\_\_\_

Former Rotarian: ( ) No ( ) Yes - List Club(s) and Date(s): \_\_\_\_\_

My partner is: \_\_\_\_\_ Our anniversary is: \_\_\_\_\_  
(dd/mm/yy)

If accepted for membership, I understand that I will be required to participate in fund-raising activities such as Bingo, Club 500 ticket sales, Music Festival Program advertising sales, Casino, and any other fund raising activity that the club may deem necessary in order to raise funds to meet its project needs.

I hereby certify that I am qualified for membership both by my current/former executive position and by having a place of business or residence within the club's locality or surrounding area.

I further understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the club. I agree to pay an admission fee of \$100.00 (transferring member exempt) and the annual dues of \$220.00 in accordance with the bylaws of the club.

Date: \_\_\_\_\_ Proposed Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Proposer's Signature: \_\_\_\_\_

2016-07-26, JH