

Port Hope Rotary Club Member Application Form:

To be completed by applicant

First Name:	
Surname:	
Date of Birth:	
Cell Phone#:	
Home Phone #:	
Address:	
City:	
Postal Code:	
Preferred e-mail address:	
Occupation:	
Employer (If applicable)	
Activities that would enhance consideration as a Rotarian:	
Community involvement activities that you currently participate in or would like to become involved in:	
I understand that, if accepted for membership, it will be my duty to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and Port Hope Rotary Club. I agree to pay an admission fee of _____ and the annual dues of _____ in accordance with bylaws of the Port Hope Rotary Club.	

Signature: _____

Thank you for deciding to join the Port Hope Rotary Club!

