

Rotary Club of Quinte Sunrise  
Membership Application



<b>Name:</b>			
<b>Home Address:</b>			
<b>Home Phone:</b>		<b>Email:</b>	
<b>Birthdate:</b>			
<b>Partner's Name:</b>			
<b>Partner's Birthdate:</b>		<b>Anniversary:</b>	
<b>Business Name:</b>			
<b>Business Address:</b>			
<b>Business Phone:</b>		<b>Title:</b>	
<b>Type of Membership:</b>	<b>Active</b>	<b>Honourary</b>	
<b>If a former Rotarian, please list:</b>	<b>Club(s):</b>	<b>Date(s):</b>	
<b>Proposed Classification:</b>			

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Proposers Signature

\_\_\_\_\_  
Date

The following Inventory of Interests will help your mentor recommend club committees and activities to help you become more involved as a member of our club. Please complete the following and return to your mentor.

Name: \_\_\_\_\_

Classification: \_\_\_\_\_

Profession: \_\_\_\_\_

I would like my family to be involved with club activities

Yes

No

Skills I would like to use: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Skills I would like to acquire: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Amount of time I can devote to Rotary per week: \_\_\_\_\_

Please check the topics that interest you:

<b>Community Service:</b>			<b>Club Administration:</b>
<input type="checkbox"/>	Children	<input type="checkbox"/>	Club Newsletter
<input type="checkbox"/>	Disabled Persons	<input type="checkbox"/>	Club Program
<input type="checkbox"/>	Environmental Issues	<input type="checkbox"/>	Fellowship
<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Literacy and Numeracy	<input type="checkbox"/>	Events
<input type="checkbox"/>	Population Issues	<input type="checkbox"/>	Club Website
<input type="checkbox"/>	Poverty and Hunger	<input type="checkbox"/>	Membership
<input type="checkbox"/>	Urban Concerns	<input type="checkbox"/>	Public Relations
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Rotary Foundation
<input type="checkbox"/>		<input type="checkbox"/>	Other: _____
<b>International Service:</b>			
<input type="checkbox"/>	International Humanitarian Service Projects	<input type="checkbox"/>	<b>Vocational Service:</b>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Vocational Service Projects (serving others through your vocation)
<input type="checkbox"/>		<input type="checkbox"/>	Other: _____
<b>Youth Programs:</b>			
<input type="checkbox"/>	Rotaract	<input type="checkbox"/>	
<input type="checkbox"/>	Interact	<input type="checkbox"/>	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	