

Membership/Volunteer Application

- Important
 1. Carefully review and complete in as much detail as possible.
 2. Please print clearly, complete fully, and use additional paper if space is insufficient.
 3. Mail to: The Rotary Club of Whitby, PO Box 181, Whitby, On
- L1N 5S1 or email to membership@rotarywhitby.org

ed by	the Club President	
	Given Name (1)	Given Name (2)
, Conc	essions, Rural Route #)	
	Province	Postal Code
Dat	e of Birth: (dd/mmm/yy	(1)
ımbeı	:	
irth: ((dd/mmm/yy)	
	Date of Birth: (dd/n	nmm/yy)
	Dat	t, Concessions, Rural Route #)

III. Business / Employment Informat	ion		
Business Name			
Position:			
Complete Address (including Number, Street	eet, Apt. Number, Lot	, Concessions, Rural R	Route #, and 911 number)
City or Town		Province	Postal Code
Email Address:			
Business Number:			
Fax Number:			
Please indicate your preferred mailing	address: Personal	Business	
By signing below, you are granting per			
accept and process the information as your rights to privacy as you move thi			of Whitby will respect
Declaration: I hereby declare that the f knowledge. I understand that a false sto membership or result in my dismissal sl I hereby consent to the disclosure of my	atement may disque hould I be accepte	ualify me from fur ed as a member/vo	ther consideration for lunteer.
purposes of membership and volunteer	-	weeds west site RON	ary cond of minuty for the
Name:	Sign	nature:	



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Part B: GROWING WITHIN R	OTARY		
I. Personal Information			
Last Name		Given Name (1)	Given Name (2)
Retention Committee in processing intended that the information will by linking your skills and experied the information provided within involved in your processing your	application process is to assist the Mang your membership with the Rotar ll help us to help you get the most from the roces to the various themes and activathis section of the document will on membership application. Once grants is sion, the document will be shared with the section of the document will be shared with the section of the document will be shared with the section of the document will be shared with the section of the document will be shared with the section of the document will be shared with the section of the section of the document will be shared with the section of th	y Club of Whitb om your Rotary vities within the ly be shared with ated membership	y. It is Membership Club. h those o in the Rotary
process	TARY - This will be returned to yo		
Have you ever been a member of a l If yes , please complete the followin	Rotary Club or any other Service Groug:	ip? Yes	s 📙 No 📙
Name of Service Club	Date(s)	Is your member active	
1.		Yes	No 🗌
2.		Yes	No 🗌
3.		Yes	No 🗌
4.		Yes	No 🗌
List any relevant Experiences, Couthat you feel may be relevant to this	rses, Workshops, Seminars, Training, application:	Licenses, Certific	ates or Degrees

Disease angrees the next force questions to the heat of your shiliter.
Please answer the next four questions to the best of your ability:
Based on your experience and knowledge about the Rotary Club of Whitby, what areas of service within
the club most interest you?
the club most interest you:
What special skills and experience do you have that would benefit the Club and the community we
serve?

How are you looking to personally benefit and/or grow with the Club?
How are you looking to personally benefit and/or grow with the Club?
And most important in what ways do you incorporate the four-way test into your life?
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Thank you for taking the time to answer these questions which will help us ensure your skills are used in areas of service that relate to your interests / preferences