

## Interact Membership Application Form

Signature:		Date	2:
		f Interact as expressed in its purpose and objectives, and stitution, Statement of Policy Relating to Interact, and b	
	Other timigs you a me	. to work on:	
	Other things you'd like to work on:		
	Growing Local Economies  School service		
	Promoting Basic Education & Literacy		
	Saving Mothers & Children		
	Providing Clean Water		
	Fighting Diseases		
	Promoting Peace and World Understanding		
Please indica	te areas of Interest:		
E-mail address:			
Telephone:			
Country & Postal Code:			
City & State o	or Province:		
Address:			

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