

MEMBERSHIP APPLICATION FORM

Rotary Membership: Club Name (if applicable):	Prospective member of Rotary		Previous or c	Previous or current member of Rotary		
Years (if applicable):	From	To)	ID#		
Rotary Sponsor:	First & Last Name					
Salutation: Names:	Ms First	Mrs	Mr	Dr Middle	Other	
	Last			Nickname		
Home Address:	Street					
	City				Postcode	
Personal Telephone: Personal Email:	Home		Mobile			
Business/Employer Name:						
Position Title/Description:						
Business Address:	Street					
Designed Talankana	City				Postcode	
Business Telephone: Business Email:						
Preferred Email Address:	Personal	Busine	255			
Personal Information:	Date of Birth		Partner's Name			
	Children's Na (if under 18)	0				
Vocational & personal backg	round details					
I hereby certify that I am qu	alified for active	e membership by m	y current or former s	tatus as a business	s, professional, or community leader	
or as a Rotary Foundation a	lumnus/a, and d for membersh ts of Rotary Inte Working with Ch n fees required	by having a place of nip it will be my dut rnational and the cl ildren Check cleara by the club and to p	business or residen y to exemplify the Ob ub. nce to participate in oay annual dues in a	ice within the club' oject of Rotary in al some club prograr ccordance with the	s locality or surrounding area. I my daily contacts and to abide by ns. club bylaws.	
Signature:					Date:	
Board Approval:					Date:	