

# Rotaract Membership Application



Name \_\_\_\_\_  
Family Name First Middle

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone/  
Fax Numbers \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupational  
Classification/  
Area of Study \_\_\_\_\_

- Areas of Interest
- Community Service
  - International Service
  - Professional Development
  - Youth Service
  - Club Service

1. Will you take part in 60% of the club's social and service activities?  Yes  No
  
2. Are you willing to pay member dues?  Yes  No

I understand and accept the principles of Rotaract as expressed in its purpose and objectives and agree to comply with and be bound by the Standard Rotaract Club Constitution, Rotaract Statement of Policy, and bylaws of the club.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Rotaract club secretary should retain this form for club records.*