| Membership Application | | | |
| --- | --- | --- | --- |
| Full Name: | | | |
| Date of Birth: | Home: | Mobile: | |
| Current Address: | | | |
| City: | State: | | ZIP Code: |
| Email: | 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? 2. Are you willing to pay member dues? | | |
| Signatures | | | |
| 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 of Applicant: | | | Date: |

*Rotaract Club Membership Chair should retain this form for club records and coordinate with the Club Treasurer to track membership dues.*