

## **Town Center Rotaract**

## **Membership Application**

Applicant Information						
Full Name:				Date:		
	Last	First		М.І.		
Address:						
	Street Address				Apartment/Unit #	
	City			State	ZIP Code	)
Phone:			Email			
Date of Birth:						
Occupational Classification/ Area of Study:						
Areas of Interest:						
	-					
1. Will you take part in 60% of the club's social and service activities?					YES	NO
1. Will you take part in 60% of the club's social and service activities?						
2. Are you willing to pay member dues (\$100 per year)?				YES	NO	
chil	dren or grandch	ation offers opportunities to F hildren of Rotarians) for study ou are a child or grandchild o	/ and travel abroad.	101	YES, I AM.	NO, I AM NOT.

## Disclaimer and Signature

I hereby 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 by-laws of Town Center Rotaract.

Signature:

Date: