



Rotaract Club of XYZ University Membership Form

**Please Write Legibly*

Name

Name you prefer to be called

Local Address

Local Phone

Cell Phone

E-mail address that you check!

Job Title (If Applicable)

Office Location

Office Phone

Permanent Address (If different from local address)

City

ST

Zip

Year in School

Birthday

Major/Area of Study/Profession

I understand that I must attend 60% of regularly scheduled meetings and activities to be considered a member in good standing with the Rotaract Club of XYZ University. I also understand that membership dues are \$X.00 per academic year.

Signature

Date

For Official Use Only

Secretary Initials

Treasurer Initials

Method of Payment

Date Paid

Name Badge

Membership Card

Certificate & Pin