

ROTARY CLUB OF WEST SHORE PROPOSAL FOR MEMBERSHIP

Date: _____ Victoria, BC

TO THE BOARD OF DIRECTORS
ROTARY CLUB OF WEST SHORE (VICTORIA, BC)

I hereby propose the following individual for membership in the Club:

FULL NAME: _____ SPOUSE: _____

BUSINESS OR PROFESSION: _____

NAME OF FIRM CURRENTLY WITH OR LAST ASSOCIATED WITH:

ADDRESS OF FIRM: _____ PC: _____

TEL: _____ E-MAIL: _____ FAX: _____

POSITION IN FIRM: _____

HOME ADDRESS: _____ PC: _____

TEL: _____ E-MAIL: _____ FAX: _____

LENGTH OF RESIDENCE IN VICTORIA: _____

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

PREVIOUS ROTARY HISTORY (Clubs, Dates of Membership in each, Office held):

'The Club's Purpose For Requiring Personal Information.

Our Rotary Club requires the personal information you provided so that our club may afford you the full benefits of Rotary membership through participation in Club, District and Rotary International activities.

Your Consent To The Use Of Personal Information

In signing this application, I realize that I may decline to give the club permission to use this information provided that I do so before my membership application is approved by this club's board.

In applying for Rotary membership, I consent under the Personal Information Protection Act to the use and dissemination of my personal information for Rotary purposes by the club to other Rotary Clubs, to Rotary Districts and Rotary International, its subsidiaries and affiliates.

Signature of Applicant

I consider the above individual to be qualified in every respect for membership. I shall comply with the printed instruction I received with this form.

NAME OF PROPOSER: _____ SIGNATURE: _____
(please print)

NAME OF ENDORSOR: _____ SIGNATURE: _____
(please print)

REPORT OF THE CLASSIFICATION AND MEMBERSHIP COMMITTEE
THE COMMITTEE RECOMMENDS ADMISSION TO:

ACTIVE-CLASSIFICATION: _____

THE COMMITTEE RECOMMENDS REJECTION BECAUSE:

CHAIR: _____ DATE: _____

OFFICE USE	DATE
Intro Date:	_____
Badge:	_____
Acct'g:	_____
Clubmate:	_____
RI:	_____
Orientation:	_____
RI Membership #	_____