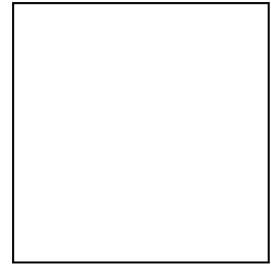


Club MEMBERSHIP FORM



This form is to be completed by a new member in consultation with the Club Secretary and to be sent to the District Secretary in duplicate for information and signature - 1 copy returned to the Club Secretary for her records. If a member transfers to another club, this form should be sent to the Secretary of her new Club.

Name of the Inner Wheel Club: _____

Date of Member joining the Club: _____

Membership No. : _____

ACTIVE MEMBERSHIP:

For 18 years and above - (Please tick against your category)

1. Women related to Rotarians / Former Rotarians
2. Women related to Inner Wheel Members / Former Inner Wheel Members
3. Women who have been invited to join — provided that a majority of the club members agree

NAME OF THE MEMBER : _____

QUALIFICATIONS : _____

ADDRESS : _____

CONTACT NO : _____ **EMAIL ID :** _____

DOB : _____

BLOOD GROUP : _____

MEMBER'S SIGNATURE AND DATE

CLUB SECRETARY'S SIGNATURE AND DATE

DISTRICT SECRETARY'S SGNATURE AND DATE
