

# Rotaract Club of Indiana University Membership Application



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Area of Study/Occupational Classification: \_\_\_\_\_

## Areas of Interest – Committees

- Community Service
- International Service
- Professional Development
- Club Service
- Finance
- Publicity

Will you take part in 60% of the club's social and service activities?

Yes  No

Are you willing to pay member dues?

Yes  No

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: \_\_\_\_\_ Date: \_\_\_\_\_