

# Jackson Rotaract Club Membership Application



Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

College/University: \_\_\_\_\_ Year: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you ever been in Interact?  yes  no

If so, what year(s) \_\_\_\_\_

Current Activities/Memberships: (Clubs, Sports, School organizations, etc.) \_\_\_\_\_

What will you contribute to this organization?

Personal Areas of Interest: (Hobbies, School, Clubs, Community, Etc.) \_\_\_\_\_

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 Interact club constitution, Statement of Policy Relating to Rotaract and bylaws of the club.

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