



Application for Membership

Rotary Club of Port Melbourne

Date _____

Title _____ Suffix _____ Date of Birth _____ Gender _____

Family Name _____

First Name _____ Middle Name _____

Rotary Name as it would appear on Badge _____

Have you been or are you currently a Member of Rotary _____ Name of Rotary Club _____

Rotary Member Classification _____

Introduced by (if applicable) _____

Do You have a current Working with Children Certificate Food Handlers Certificate

Area of Interest in Rotary
Select one or as many as you have interest in : Community Service New Generations

Membership International Club Service Fund Raising Vocational

Business Details

Occupation _____ Business Position _____

Business Name _____

Business Address _____

Suburb _____ Post Code _____

Bus Phone _____ Bus Fax _____

Business email _____

Web Address _____

Personal Details

Home Address _____

Home Suburb _____ Home Post Code _____

Home Phone _____ Mobile: _____

Home email _____

Spouse Partner Name _____

Spouse Occupation _____ S/P Birthday _____

S/P Occupation _____ Wedding Anniversary _____

Childrens Names:

1. _____ DoB 1 _____

2. _____ DoB 2 _____

3. _____ DoB 3 _____

4. _____ DoB 4 _____

Preferences

Preferred Phone Contact Home Tel Bus Tel Mobile Tel

Preferred Email Contact Home Email Bus Email

Preferred Postal Contact Home Add Bus Add

Display Web address on RCPM website Yes No