



Rotary Club of Nagpur

CLUB ID 15587 ESTABLISHED 1944 R.I.DISTRICT 3030

Membership Form

- INSTRUCTIONS:
- 1) Please fill with BLOCK LETTERS & do not leave any column untitled
 - 2) Enclose 2 Passport size Photographs of proposed member & spouse with name written on the back. Do not paste or staple.
 - 3) Rotarians who have 50% or more attendance in the preceding 12 months are only eligible to propose a new member.

PROFORMA TO BE FILLED BY THE PROPOSER AND ATTACHED WITH PERSONAL CARD OF A PROPOSED MEMBER

DATE: ____/____/____

1. NAME OF THE PROPOSER	Rtn.
2. NAME OF THE PROPOSED MEMBER	Mr./Ms./Dr.
3. HIS/HER BUSINESS NAME & ADDRESS	
4. HIS / HER POSITION IN THE ORGANISATION	
5. PRINCIPAL ACTIVITY OF ORGANISATION OR BUSINESS	
6. HIS / HER RESIDENTIAL ADDRESS	
7. HIS / HER BUSINESS ADDRESS	
8. CONTACT NUMBERS	
RESIDENCE	
OFFICE	
MOBILE	
FAX	
EMAIL ID	



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9. ACADEMIC QUALIFICATIONS & RELEVANT OUTSTANDING ACHIEVEMENT	
10. HAS HE / SHE BEEN A ROTARIAN BEFORE? IF YES, WHICH CLUB	Yes _____ No
11. DATE OF BIRTH DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. BLOOD GROUP	
13. DATE OF WEDDING	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. NAME OF SPOUSE	Mr./Mrs./Dr.
15. DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16. MOBILE NO.	
17. EMAIL ID	
18. BLOOD GROUP	
19. NAME AND AGE OF CHILDREN	Name _____ Age _____ Name _____ Age _____ Name _____ Age _____
20. HAS HE / SHE BEEN A MEMBER OF ANY CHAMBER OF COMMERCE, TRADE ASSOCIATION OR PROFESSIONAL BODY	
21. DETAILS ABOUT HIS / HER OTHER SOCIAL ACTIVITIES	
22. HIS / HER HOBBIES / SPORTS ETC.	
23. HIS / HER SPECIAL ROTARY INTEREST	<input type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> SPORTS <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> INTL. SERVICE <input type="checkbox"/> ENVIRONMENT MATTERS <input type="checkbox"/> VOCATIONAL SERVICE <input type="checkbox"/> OTHER (PLS. SPECIFY)
24. ANY OTHER SPECIAL FEATURE YOU WOULD LIKE TO MENTION	
25. HOW LONG HAVE YOU KNOWN THE PROPOSED MEMBER?	



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TO THE BOARD OF DIRECTORS

I PROPOSE MR / MRS / DR. / MS. _____

FOR THE CLASSIFICATION OF _____

ACTIVITIES / QUALITIES WHICH WOULD ENHANCE CONSIDERATION AS A ROTARIAN

DATE _____ PROPOSER'S SIGNATURE _____

FOR OFFICE USE ONLY:

CHECKLIST	DATE	SIGNATURE
1. BOARD APPROVAL		
2. MEETING WITH PROPOSER		
3. DATE OF MEETING WITH PROPOSED MEMBER OFFICE / RESIDENCE		
4. MEMBERSHIP		
5. MEMBERSHIP DEVELOPMENT AND EXTENSION		
6. CLASSIFICATION		
7. ENLIGHTENMENT		
8. PROPOSED MEMBER ATTENDED TWO CONSECUTIVE MEETINGS ON		
9. DATE OF INDUCTION		

MEMBERSHIP CHEQUE TO BE COLLECTED BEFORE INDUCTION