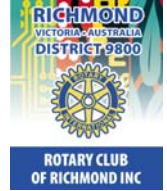


FRIENDS OF THE ROTARY CLUB OF RICHMOND

MEMBERSHIP FORM



P O Box 138 Richmond Vic 3121

Email: membership@rotaryrichmond.org.au Web: www.rotaryrichmond.org.au

CONTACT DETAILS

Mr Ms Mrs Miss Dr Prof Other (*Please specify*)

Surname/Family Name

First Name

Residential Address

Suburb

State

Postcode

Date of Birth (*Optional*)

Telephone

Fax

Mobile

Home Telephone

Email

REFEREE

In support of my application I am pleased to provide the following name (not a relative) who can attest to my good character.

Name

Telephone Number

Email

OCCUPATION

Past or Present

The Friends of the Rotary Club of Richmond respects your right to privacy and is committed to the Commonwealth's National Privacy Principles contained in the Privacy Act. The information supplied will be used by the Friends of the Rotary Club of Richmond to process your membership.

Name (*please print*)

Signature

Date