

MEMBERSHIP FORM

	DISTRICT NUMBER
	INNER WHEEL CLUB OF
	MEMBERSHIP NO.
NAME .	
DATE OF	BIRTH WEDDING ANNIVERSARY
NAME O	F HUSBAND PROFESSION
ADDRESS	S WITH PIN CODE
PHONE N	NO MOB. NO
EMAIL	BLOOD GROUP
MEMBER	RSHIP: Only for female above 18 years
(Tick the	appropriate box)
1.	ACTIVE MEMBERSHIP
	a. Relation to rotarian :
	b. Relation to Inner Wheel :
	c. Relation to Rotaract :d. Women Invited to Join :
II.	HONOURED ACTIVE MEMBERSHIP
III.	HONOURED MEMBERSHIP
	(not more than 4 members at any given time; but
	subject to election annually)
IV.	INVITED MEMBERSHIP
	DATE OF MEMBER JOINING THE CLUB
	MEMBER'S SIGNATURE
	CLUB PRESIDENT NAME SIGNATURE
	CLUB SECRETARY NAMESIGNATURESIGNATURE
	DISTRICT SECRETARY NAME & SIGNATURE DISTRICT SEAL
	IW POSTS AT CLUB / DISTRICT / ASSOCIATION / IW LEVEL