



Membership Form: INNER WHEEL CLUB OF _____

Name of Member	Salutation + Given Name + Surname		
Preferred Name	Salutation + Given Name + Surname		
Name of Husband	Salutation + Given Name + Surname		
Membership	<input type="checkbox"/> Active	<input type="checkbox"/> Honoured Active	<input type="checkbox"/> Honorary
Postal Address			Date joined (dd-mm-yyyy)
Telephone & Email	Mobile	Office	Residence
	Email		Fax
Miscellaneous Details	NRIC /Passport No.	Nationality	Major Festival Celebration
	Place of Birth	Date of Birth (dd-mm-yyyy)	Wedding Anniversary (dd-mm-yyyy)
Profession			
Office Held	Position	Year	<input type="checkbox"/> Club <input type="checkbox"/> District
	Position	Year	<input type="checkbox"/> Club <input type="checkbox"/> District
	Position	Year	<input type="checkbox"/> Club <input type="checkbox"/> District
	Position	Year	<input type="checkbox"/> Club <input type="checkbox"/> District
	Position	Year	<input type="checkbox"/> Club <input type="checkbox"/> District
	Position	Year	<input type="checkbox"/> Club <input type="checkbox"/> District

Qualification for membership

Related to a Member of (fill in if applicable)	<input type="checkbox"/> Inner Wheel Club <input type="checkbox"/> Rotary Club	Name of Club	District	Relationship
Introduced by IWC Member			IWC of	District

Confirmation

Member	Signature	Date (dd-mm-yyyy)	Payment Date (dd-mm-yyyy)
Club Treasurer Name	Signature	Date (dd-mm-yyyy)	Club Receipt No.
Club President Name	Signature	Date (dd-mm-yyyy)	Induction Ceremony (dd-mm-yyyy)
District Treasurer Name	Signature	Date (dd-mm-yyyy)	District Receipt No.