

# Interact Membership Application Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State or Province: \_\_\_\_\_

Country & Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Areas of Interest:

- School Service
- Community Service
- International Service Development
- Fund-Raising Service
- Club Service
- Other: \_\_\_\_\_

I understand and accept the principles of Interact as expressed in its purpose and objectives, and agree to comply with and be bound by the standard Interact club constitution, Statement of Policy Relating to Interact, and bylaws of the club.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Interact club secretary should retain this form for club records.**