



ROTARACT CLUB OF ATC

NAME			
INTAKE		CONTACT NO.	
DATE OF BIRTH		I.C NO	
ADDRESS			
E-MAIL ADD			

HAVE YOU PREVIOUSLY PARTICIPATED IN ANY ACTIVITIES/PROGRAMMES ORGANISED BY INTERACT, ROTARACT OR ROTARY? IF YES, PLEASE STATE:

ARE YOU CURRENTLY A MEMBER OF ANY ROTARACT CLUB?
IF YES, PLEASE STATE THE NAME OF THE CLUB

WERE YOU A MEMBER OF THE INTERACT CLUB IN YOUR SCHOOL?
IF YES, HAVE YOU HELD ANY OFFICE DURING YOUR TIME IN THE CLUB?

CAN YOU PLEASE STATE, IF ANY, THE DETAILS OF YOUR PREVIOUS AND CURRENT INVOLVEMENT IN ANY CO-CURRICULUM ACTIVITIES?

DATE	
SIGNATURE	

FOR FURTHER INQUIRES, CONTACT

CHIEW EE 012-2926270
SHARMILA 014-2222774