**MEMBERSHIP FORM : Inner Wheel Club of …………….**

**DISTRICT 345**

|  |
| --- |
| **NAME** |
| **DATE OF BIRTH** | **PROFESSION** |
| **EDUCATIONAL QUALIFICATION**  | **TELEPHONE** **E-MAIL** |
| **ADDRESS**  | **POST CODE** |
| **HUSBAND’S NAME &****PROFESSION** | **DATE OF BIRTH (SPOUSE):****DATE OF MARRIAGE:** |
| **NAME OF CHILDREN****WITH DATE OF BIRTH** |  |

 **QUALIFICATION FOR MEMBERSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBERSHIP CATEGORY**  |  **ACTIVE** |  **HONORED ACTIVE** |  **HONORARY** |
| **DATE OF JOINING** |
| **FORMER CLUB & PERIOD OF SUCH MEMBERSHIP** **(IF ANY)** |

**MISCELLANEOUS DETAILS**

|  |  |
| --- | --- |
| **BLOOD GROUP:** | **RELIGION :** |
| **ANY OTHER INFORMATION:** **(HOBBY/PASSTIME/ MEMBER OF ANY OTHER ORGANISATION)** |  |

**CONFIRMATION**

|  |  |
| --- | --- |
|  | **MEMBER**  |
| **SIGNATURE** |  |
| **DATE** |  |

**(Enclose two passport size photo & National ID card photocopy with the form)**