**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)**