ROTARY CLUB OF UGANDA

Membership Registration Form

Personal Information

First Name	_____
Middle Name	_____
Last Name	_____
Gender	_____
Date of Birth	_____
Nationality	_____
National ID/Passport	_____

Contact Information

Phone	_____
Alternative Phone	_____
Email	_____
Physical Address	_____
District	_____
City/Municipality	_____

Professional Information

Occupation	_____
Employer	_____
Job Title	_____
Professional Classification	_____

Rotary Membership

Rotary District	_____
Rotary Club	_____
Membership Type	_____
Sponsor/Proposer	_____

Date Joined Club	_____

Emergency Contact

Name	_____
Relationship	_____
Phone	_____

Communication Preferences

Preferred Contact Method	_____
Receive Email/SMS/WhatsApp	_____

Declaration

I certify the information is true.	_____
Signature	_____
Date	_____