

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: _____

Mother's Name: _____

Mother's Phone: _____

Mother's Email: _____

Father's Name: _____

Father's Phone: _____

Father's Email: _____

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: _____
Signature of Interactor

Date: _____

Interact club secretary should retain this form for club records.