



# MEMBERSHIP APPLICATION FORM

Proposal for Membership of Psoriasis Awareness Club of

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**Name:**

**Home Address:**

**Postcode:**

**Home Telephone:**

**Mobile:**

**Business/Employer Name:**

**Position Title or Description:**

**Business Address:**

**Postcode:**

**Business Telephone:**

**Fax:**

**Email:**

**Date of Birth:**

**Partners Name**

**Children's Names (and their ages if under 18)**

**Proposed Classification:**

**Some vocational and personal background details that will enhance your activities as a Psoriasis Awareness Club:**

**I hereby certify that if accepted to Membership of the Psoriasis Awareness Club of \_\_\_\_\_, that I as a Psoriasis Awareness, will exemplify the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Psoriasis Awareness Club International and the club. I agree to pay an admission fee and dues in accordance with the bylaws of the club.**

**Signature:**

**Date:**

**Proposed Member Nominated by:**

**Board Approval on:**