

ROSTRUM WA INC Application For Membership/Club Transfer

Application For Membership		
I hereby apply for membership to Rostrum Club No		
First Name		
Preferred name for badge		
		s)
Facsimile		9
Dual Membership		
Are you applying for Dual membership? No	Yes	If yes, which is your current club?
Transfer Membership		
Are you transferring your membership?	Yes	If yes, which club are you transferring from?
Former Membership		
Are you a former member of Rostrum?	Yes	If yes, which ClubDate you left
Occupation Category (Please tick)	_	7
Business Proprietor/Self Employed	L	Business Manager
Sales Manager/Consultant	L	Technical/Skilled
Home Duties	L	Professional (Medical, Education, etc.)
Government Department (Manager, Sup	pervisor)	Clerical/Sales Staff
University/Tafe/Private Student	L	Retired/Private means
Age Group (Please tick)		
20 < 20 - 24 25 - 2	9 30 - 34	35 - 39 40 - 44
☐ 45 - 49 ☐ 50 - 54 ☐ 55 - 5		65 - 69 70 >
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How did you hear about Rostrum (Please tick)		
White Pages Yellow	Pages	Rostrum WA's website
Member of Rostrum Relativ	ve	Employer
Friend Adver	tisement (where?)	
Other		
Did you contact the Rostrum Information Centre?	No [Yes
Did you visit another Rostrum Club?	No	Yes /Club No
Have your belonged to other public speaking organisa	tion/s? If so, which?	
How can Rostrum help you?		
Prepare Speeches	Wedding spe	eches Business Presentations
Confidence to address group	Conduct of	Meetings Careers Improvement
Other		
Signature of Applicant		
As a member of this Rostrum Club, I		nominate this person as a candidate for membership
Signature of Proposer		
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OFFICE USE ONLY Badge ordered	Kit S	entDatabase