

Rotary Support Team Member (RSTM) Application Form

Application to become a RSTM of the Rotary Club of Newmarket Incorporated

Title: _____ DoB: _____

First Name: _____

Last Name: _____

Preferred Name (*to be used on name badge*): _____

Home Address: _____

Home Ph: _____

Mobile Ph: _____

Email: _____

Business/Employer Name: _____

Business or Employment Description: _____

Business Address: _____

Business Ph: _____

Other information

Hobbies and Interests: _____

Previous Rotary Connections (*if applicable*): _____

I agree that the information above may be provided to members of Newmarket Rotary. I understand that there is no subscription charge to become a RSTM but there is a charge for attending meetings as per the attached schedule.

Signature: _____ Date: _____

Please send the completed form to rotarynewmarketsecretary@gmail.com

Schedule of Charges

(applicable for the Rotary Year Ended 30 June 2026)

Evening meetings (per meeting attended): \$55

Lunch meetings (per meeting attended)): \$20