



ROTARY CLUB OF THAI TOWN Application Form

Name: (English) Mr. Mrs. Miss Ms. _____

(Nickname or call name) _____

Gender: Female Male

Date of Birth: _____

Former Rotarian: No / Yes

Classification: _____

Name of Firm: _____

Executive Position: _____

*Business Address: _____

Postal Code: _____

Website: _____

*Residence Address: _____

Postal Code: _____

Residence Phone: _____

Business Phone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

* Preferred Mailing: Business / Residence

Sponsor's Name: _____

Application Date: _____

An application fee of \$15.00 shall be submitted along with the form.

Zelle: thaitown.rotary@gmail.com

Check: payable to **Rotary Club of Thai Town**, P.O. 27903, Los Angeles, CA 90027