

CHARTER LIST

Copy this page to provide information for each member (minimum of 25 charter members).

Please type or print clearly.

Title (Mr., Ms., Mrs., Dr., Rev., etc.): _____ Suffix (Jr., Sr., III, etc.): _____

Family name: _____

First name: _____ Middle name: _____

Gender: Male Female

Preferred language: _____

Former/current Rotarian: No Yes

If yes, RI membership ID number: _____

Name of former/current club: _____

Former/current firm: _____

Position: _____

Phone (including country/city/area codes): _____

Fax (including country/city/area codes): _____

Residence: _____ Residence: _____

Business: _____ Business: _____

Mobile: _____

E-mail: _____

Mailing address* (check one):

Residence Business Other

*If post office box, please provide an alternate address for courier delivery.

Alternate address (complete only if mailing address is a PO Box)

Residence Business Other

Magazine: *The Rotarian* Rotary regional magazine