## Forward Application to: motorcyclingrotarians@gmail.com

Select Membership Type \*required)



Title (Mr., Ms., Mrs., Dr., Rev., etc.)Suffix (Jr., Sr., III, etc.)
Family name
First nameMiddle name
Gender: O Male O Female
Date of birth
Were you a former Rotarian or are you a current member of another Rotary club: O No O Yes
Current members should not terminate in their existing club as their changes will be reflected as soon as the new club is admitted to Rotary.
If yes, RI membership ID number and date joined
Name offormer/current club
Are you a Rotary alumnus/alumnae? O No O Yes
Alumni are former participants in Interact, Rotaract, Youth Exchange, RYLA, Rotary Peace Fellowships, Scholarships, vocational training teams, and Group Study Exchange.
Your job title
Name of your business or organization
Email
Preferred phone (including country/city/area codes)
Alternate phone
Preferred mailing address* (check one): O Residence O Business O Other

\*If this is a post office box, please provide an alternate address for courier delivery.

Alternate address (complete only if mailing address is a PO box): O Residence O Business O Other

Magazine — Select one: O The Rotarian (print) O The Rotarian (digital) O Rotary regional magazine

Do You Ride? YES NO

What kind of motorcycle do you ride?