

CLUB MEMBER INFORMATION FORM

Complete one information form for each club member.

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:		
For phone and fax numbers, include country/cit	y/area codes.	
Home Phone:	Business Phone:	
Home Fax:	Business Fax:	
Mobile:	Email:	
Mailing address* (check one):		
□ Residence □ Business □ Other		
Address:	City:	
State/Province: Postal C	Code: Country:	
*If post office box, please provide an alternate	address for courier delivery.	
Alternate address (complete only if mailing add	dress is a PO Box):	
□ Residence □ Business □ Other		
Address:	City:	
State/Province: Postal C	Code: Country:	
Magazine: The Rotarian T Rotary region	al magazine	