

**DISTRICT 6270 APPLICATION FORM**

**GENERAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Last)** | **(First)** | **(Middle Initial)** | **Home Telephone**( ) - |
| **Address (Mailing Address)** | **(City)** | **(State)** | **(Zip)** | **Business Telephone**( ) - |
| **E-Mail Address** |  |

**DISTRICT ROLE APPLIED FOR**

|  |
| --- |
| **District Role** |
| Are you able to perform the essential functions of the role you are applying for, with or without reasonable accommodation?Yes No |
| **Date Available** |

**ROTARY MEMEBERSHIP HISTORY**

|  |  |
| --- | --- |
| **Club Name and Location** | **Month/Year** |
|  | From |
| To |
|  | From |
| To |

I certify the information contained in this application is true, correct, and complete.

Signature of Applicant \_ Date

Please include a copy of your most recent Resume/CV