

## **MEMBER DATA FORM**

If you have access to the Internet, membership changes can be reported through <a href="https://www.rotary.org/myrotary">www.rotary.org/myrotary</a> instead of using this form. This form can be used to report new or terminating members or membership information changes to RI. Use a separate form for each member. Please report the name as it appears in Latin alphabet in the individual's passport or other government-issued document. This form can be downloaded and completed electronically at <a href="https://www.rotary.org">www.rotary.org</a>. Send one copy to your district governor, keep a copy for your club files, and send the original form to:

ROTARY INTERNATIONAL, 1560 Sherman Avenue, Evanston, IL 60201-3698, USA						<b>Fax:</b> +1-847-733-9340	Email: data@rotary.org	
Rotary Club of						District		
		STATE/PROVINC	E	COU	INTRY			
Member Name:		FIRST	MIDDLI	E INITIAL LAST	Ī			
Rota *Onl	ry Member ID# y for resigning	* and transferrin	g members. All new members will l	 be provided with ID	)# by RI.			
Maili	ng Address:			·	·			
iviaiii	ng Address.	NUMBER AND S	STREET	CITY	,			
		STATE/PROVINC	E	COU	INTRY	POSTA	L CODE	
		EMAIL						
	ADD MEMBER				DATE OF ADMISSION			
	☐ Male ☐ Female Date of Birth					MM/DD/YY		
	*Transferring Member? If yes, provide Member ID# above.				Active Member Past RI Director	☐ Honory Mem☐ Past District C		
	Former Rotary Club of					District		
		STATE	/PROVINCE	COU	INTRY			
	Language Skills:			New	New Member Sponsored by			
	Subscription: ☐ <i>The Rotarian</i> ☐ Rotary regional magazine			Spo	Sponsor's Member ID# (if known):			
	MEMBER	R INFORM	ATION	DA	TE OF CHA	NGE		
	☐ Change of Address Old Mailing Address:			New	New Mailing Address:			
	Old Mailing /	Address.		Nev	r Mailing Address	<b>.</b>		
	NUMBER AND	STREET	CITY	NUM	1BER AND STREET	CITY		
	STATE/PROVING	CE	COUNTRY	STAT	E/PROVINCE	COUN	TRY	
	POSTAL CODE			POST	TAL CODE			
	☐ Change of	f Email	D EN ANH	NEW NEW	/ FN 4 A II			
			R EMAIL	NEW	/ EMAIL			
	☐ Change of Name			NEW	/ NAME			
	□ Change M	lembership Type	e to   Active   Honorary					
	TERMINATE MEMBER			DA	DATE OF TERMINATION			
	Reason for Termination (check one)  ☐ Attendance (1) ☐ Business Obligations (2) ☐ [			☐ Deceased (3	2)	☐ Family Obligations (4)		
				☐ Relocation*		Other (8) Please specify		
	** If reason f	for termination	is Relocation, please use the Memb	ership Referral forr	n at <u>www.rotary.</u>	org/membershipreferral		

CLUB SECRETARY (PRINT NAME) SIGNATURE DATE (MM/DD/YY)