Club secretaries can report membership changes or Rotarians can make changes to their member information through my.rotary.org instead of using this form. Privacy is important to RI and the personal data provided will be shared with RI, your Rotary club and district officers (or their delegates), or for official Rotary business. For further information, see Rotary's privacy policy. 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 Rotary.org. 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						Fax: +1-847-556-2207	Email: data@rotary.org	
Rotary Club of						District		
		STATE/PROVINC	E		COUNTRY			
Mem	nber Name:	FIRST		MIDDLE INITIAL	LAST			
Rota	ry Member ID#	**	g members. All new membe	ars will be provided	Lwith an ID# by PI			
		מווע נומוואפוווויי	g members. All new membe	ers will be provided	I WILLI ALI ID# Dy NI.			
Mailing Address:		NUMBER AND STREET			CITY			
		STATE/PROVINC	E		COUNTRY	POSTA	L CODE	
		EMAIL						
	ADD MEMBER			DATE OF ADMISSION				
	□ Male		☐ Female			DD/MM/YY		
	☐ Self-ident	tify	☐ Prefer not to ide	ntify	Birth Year			
	*Transferring Member? If yes, provide Member ID# above.			ove.	☐ Active Member☐ Past RI Director	☐ Honorary Mei☐ Past District G	☐ Honorary Member☐ Past District Governor	
	Former Rotary Club of				District			
		STATE	/PROVINCE		COUNTRY			
	Language Skills:			New Member Sponsored by				
	Subscription: ☐ <i>Rotary</i> magazine ☐ regional Rotary magazine			Sponsor's Member ID# (if known):				
	MEMBE	R INFORM.	ATION		DATE OF CHAI	NGE		
	□ Change of Address			DD/MM/YY				
	Old Mailing Address:				New Mailing Address:			
	NUMBER AND) STREET	CITY		NUMBER AND STREET	CITY		
	STATE/PROVIN	ICE	COUNTRY		STATE/PROVINCE	COUNT	TRY	
	POSTAL CODE	<u> </u>			POSTAL CODE			
	☐ Change o	of Email	R EMAIL		NEW EMAIL			
	☐ Change o		V EIVIME		THE VY LIVIAIL			
	FORMER NAME Change Membership Type to Active Honorary			NEW NAME				
	TERMIN	ATE MEME	BER		DATE OF TERM	MINATION		
		son for Terminati				DD/MM/YY		
	□ Non-attendance (1) □ Non-payment of club dues (2) □ Busir □ Health (5) □ Personal (6) □ Joinir			ness obligations (3)				