Membership Data Form

If you have access to the Internet, membership changes can be reported through Member Access at www.rotary.org 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 www.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:** 847-733-9340 **Email:** data@rotary.org

Rotary Club of _____ District _____

STATE/PROVINCE COUNTRY

Member Name _____

FIRST MIDDLE INITIAL LAST

Rotary Member ID #*_____

* Only for resigning and transferring members. All new members will be provided with ID # by RI.

Member Mailing Address _____

NUMBER AND STREET CITY

STATE/PROVINCE COUNTRY POSTAL CODE

Email _____

☐ **NEW MEMBER** **DATE OF ADMISSION** _____ MM/DD/YY

☐ Male ☐ Female ☐ Active member ☐ Honorary member

Transferring member? ☐ No ☐ Yes. If yes, provide member ID # above. ☐ Past RI Director ☐ Past District Governor

Former Rotary Club of _____ District _____

STATE/PROVINCE COUNTRY

Language Skills: _____

Subscription: ☐ *The Rotarian* ☐ Rotary regional magazine

☐ **CHANGE INFORMATION** **DATE OF CHANGE** _____ MM/DD/YY

☐ **CHANGE OF ADDRESS**

Old Mailing Address:

NUMBER AND STREET CITY

STATE/PROVINCE COUNTRY

POSTAL CODE

New Mailing Address:

NUMBER AND STREET CITY

STATE/PROVINCE COUNTRY

POSTAL CODE

☐ **CHANGE OF EMAIL** _____ _____

FORMER EMAIL NEW EMAIL

☐ **CHANGE OF NAME** _____ _____

FORMER NAME NEW NAME

☐ **CHANGE MEMBERSHIP TYPE TO:** ☐ Active ☐ Honorary

☐ **MEMBERSHIP TERMINATED** **DATE OF TERMINATION** _____ MM/DD/YY

Reason for Termination (check one):

☐ Attendance (1) ☐ Business Obligations (2) ☐ Deceased (3) ☐ Family Obligations (4)

☐ Health / Personal (5) ☐ Joining New Club (6) ☐ Relocation** (7) ☐ Other (8) Please specify: _____

** If reason for termination is Relocation, please use the Membership Referral form at www.rotary.org.

_____ _____ _____

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