

Membership Data 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. 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

E-mail: data@rotary.org

Rotary Club of _____ District _____

Member Name
STATE/PROVINCE _____ COUNTRY _____
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 _____
E-mail _____

☐ 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 OF INFORMATION

DATE OF CHANGE _____
MM/DD/YY

☐ CHANGE OF ADDRESS

Old Mailing Address:

New Mailing Address:

NUMBER AND STREET _____ CITY _____

NUMBER AND STREET _____ CITY _____

STATE/PROVINCE _____ COUNTRY _____

STATE/PROVINCE _____ COUNTRY _____

POSTAL CODE _____

POSTAL CODE _____

☐ CHANGE OF E-MAIL _____
FORMER E-MAIL _____

NEW E-MAIL _____

☐ 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