



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: _____ New Member Sponsor Name and ID (if available): _____

Subscription: *The Rotarian* Rotary regional magazine

CHANGE INFORMATION DATE OF CHANGE _____
MM/DD/YY

CHANGE OF ADDRESS

Old Mailing Address:	New Mailing Address:
NUMBER AND STREET _____	NUMBER AND STREET _____
CITY _____	CITY _____
STATE/PROVINCE _____	STATE/PROVINCE _____
COUNTRY _____	COUNTRY _____
POSTAL CODE _____	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