



SATELLITE CLUB MEMBER INFORMATION FORM

Complete one information form for each satellite club member.

Please type or print clearly

Title (Mr., Ms., Mrs., Dr., Rev., etc.): _____ Suffix (Jr., Sr., III, etc.): _____

Family name: _____

First name: _____ Middle name: _____

Gender: Male Female

Preferred language: _____

Former/current Rotarian: No Yes

If yes, RI membership ID number: _____

Name of former/current club: _____

Former/current firm: _____

Position: _____

For phone and fax numbers, include country/city/area codes.

Home Phone: _____ Business Phone: _____

Home Fax: _____ Business Fax: _____

Mobile: _____ Email: _____

Mailing address* (check one):

Residence Business Other

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

*If post office box, please provide an alternate address for courier delivery.

Alternate address (complete only if mailing address is a PO Box):

Residence Business Other

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Magazine: *The Rotarian* Rotary regional magazine