



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:

Residence Business Other

Address: _____ City: _____

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

Magazine: *The Rotarian* Rotary regional magazine

Rotary Club of Kernersville

Additional Member Info

Full Name: _____ Call Name: _____

City and State of Birth: _____

Date of Birth : _____

College(s) Attended: _____

Degree(s) attained: _____

Church Affiliation (Not Required): _____

Other Civic Activities/Organizations: _____

Hobbies : _____

Name of Spouse : _____

Spouse's Date of Birth: _____ Date of Marriage: _____

Names & Ages of Children: _____

Name of Business or Employer: _____

Position or Title: _____

Rotary Sponsor: _____ Date: _____

FOR CLUB USE ONLY

Classification: _____ Date Joined Club: _____