



Rotary Club Calvià International Membership Application Form

(to be completed by and returned to the club membership Chair: hannahronnie9@gmail.com)

Title: Mr. Mrs. Ms. Dr. Other: _____

First name(s): _____

Last Name : _____

Date of birth : _____

Place of birth/Nationality: _____

Full or Associate member: _____

Home address: _____

Telephone Numbers (Including area code): _____

E-mail address: _____

Languages: _____

Short personal resumé (a sentence that describes you)/Hobbies:

If rejoining or a former Rotarian, list most recent club information and name of Rotarian sponsor _____

Recent Rotarian (one year or less): Yes No

Consent to share data: _____

Signature

Date