

ROTARY FRIENDSHIP EXCHANGE APPLICATION

Name of Rotarian: _____

Address: _____

Home Phone : _____ Work Phone: _____ Fax: _____

E-Mail: _____ Classification: _____

Age Group (optional) ___ 30-40 ___ 40-50 ___ 50-60 ___ 60+ (Check one)

Number of Years as a Rotarian: _____ Classification: _____

Rotary Club: _____ Approximate Attendance % in Past Year: _____

Club Offices Held: _____

Committee Chairmanships: _____

Committee Activities: _____

District Offices or Committees: _____

Spouse's Name (if wanting to travel): _____

Hobbies and Interests: _____

Would you be willing to assume the responsibility of being the "Team Leader"? Yes No

What countries are you interested in visiting? _____

Do you understand that by participating in a Rotary Friendship Exchange you and your Club will be expected to host the reciprocal team during their visit to Missouri and plan for their activities during their visit to your community. Yes No

Signature: _____

Please return this form to: Anne K. Brown
5129 East Farm Road 138
Springfield, MO 65809
417-866-2314

Or e-mail to: keckeley@att.net