

INTERNATIONAL FELLOWSHIP OF ROTARIAN PHYSICIANS

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Membership Application /Update -2007

Name (Family name last)

Rotary name..... Date of birth (optional)

Address 1-

Address 2-

Address 3-

Address 4-

Country -.....

Phone

Fax

E-mail

Web

Member of Rotary/ Rotaract / Inner Wheel

Rotary Club-..... District

Qualifications –

Current Employment/Practice -

Your profile -areas of Practice and Interest (Professional and in Rotary) -

Are you willing to serve as a Medicine Fellowship Co-Coordinator for your District? Y/N

Offer of your expertise –Volunteer , Provider of Training , Exchange Visits , Existing Health Programmes , Administration , Provider of Medicine/Equipment and Others – Please give details separately

Salt Lake Convention –Attending Yes/ No ... Able to attend Fellowship Booth for 2 hours - Yes/No

Annual dues – for the 2 year period Jan 2007 to Dec 2008, £ 12.00 . Life Membership £80.00
Members of Rotaract and InnerWheel –free . Please make Cheques payable to
“International Fellowship of Rotarian Physicians” or *Authorize Credit Card Payment*
Card – Mastercard /Visa/Amex Complete Billing Address (if different).....

No. – please write 16 digit number.....

Name –as it appears on the Card.....

Valid from – mm/yy Expiry Date –mm/yy.....

Security code - (Triple digit no. at the back)

Signature -Date of completion

Please return to the address above.