



Rotary District 6200 Friendship Exchange Team Member Application

District _____ Rotary Club _____

Rotarian's Name _____ Partner's Name _____

Present Address _____

City _____ State _____ Postal Code _____

Telephone (Home) _____ (Office) _____ (Cell) _____

Fax _____ E-mail _____

Age group (optional) 30-39 40-49 50-59 60+

Smoking preference Smoking Nonsmoking

Family information

What is/was your career field? _____ How many years? _____

What is/was your partner's career field? _____ How many years? _____

How long have you been a Rotary club member? _____

Number of children _____

What are the children's names, ages, and occupations? Do any of them live at home?

What are your hobbies and favorite pastimes?

Do you have any dietary restrictions (food allergies, vegetarian, lactose intolerant)?

Special considerations

Medical (i.e., allergies or physical disabilities) _____

Other _____
