



*Current Rotary members should not officially terminate their membership in their current clubs.  
Their changes will be recorded when Rotary admits the new club.*

1	Date Submitted (mm/dd/yyyy)	
2	LAST Name, FIRST Name, MIDDLE Initial	
3	Date of Birth (mm/dd/yyyy)	
4	Gender	
5	Email address	
6	Cell Phone (xxx-xxx-xxxx)	
7	Alternate Phone (xxx-xxx-xxxx) if applicable	
8	Mailing Address - Residence	
9	Alternate Address (only if Mailing address is PO Box)	
10	Indicate Employer/Self Employed/Retired/College Student/Caregiver, etc	
10.1	• Title/Role	
10.2	• Address	
10.3	• Phone (xxx-xxx-xxxx)	
11	Volunteer Organizations (if applicable)	
11.1	• Role(s) in Organizations	
12	Please share info about your interest in suicide prevention and/or brain health and your suggestions for club services	
13	Magazine – Select one of the following *The Rotarian (Print) *The Rotarian (Digital) *Rotary Regional Magazine	
14	If seeking multiple member discount for household or company, please list names	
15	If you are a Previous Rotarian or Current member of a Club, please list Club Name or indicate "N/A"	
15.1	• RI Member ID # (If applicable)	
16	If you are a Rotary alumnus/alumnae, please indicate how you participated <i>(Alumni are former participants of Interact, Rotaract, Youth Exchange, RYLA, Rotary Peace Fellowships, Rotary Scholarships, vocational training teams, and Group Study Exchange)</i>	
17	How did you hear about our Rotary eClub?	
18	Referred or Sponsored by	

**Completed application form** to be submitted via email to [swbrainhealth@gmail.com](mailto:swbrainhealth@gmail.com) or via mail

Mailing Address: Suicide Prevention and Brain Health Rotary eClub (or SPBH Rotary eClub)  
3330 N Galloway Ave., Suite 304-93, Mesquite, TX 75150

**THANK YOU FOR YOUR INTEREST IN ROTARY!**