



**INTERNATIONAL FELLOWSHIP OF SCOUTING ROTARIANS (IFSR)**

**MEMBERSHIP APPLICATION**

[www.ifsr-net.org](http://www.ifsr-net.org)

email: [ifsr@cox.net](mailto:ifsr@cox.net)

<b>Annual Membership</b>	(IFSR pin) New Member (1 year) <input type="checkbox"/> US\$35	New Member (2 year) <input type="checkbox"/> US\$60
	Renewal (1 year) <input type="checkbox"/> US\$25	

<b>Life Membership</b>	<input type="checkbox"/> US\$275 (IFSR pin) & check ONE below
	<input type="checkbox"/> Blue Tie <input type="checkbox"/> Maroon Tie <input type="checkbox"/> Neckerchief <input type="checkbox"/> Ladies Scarf

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ EMAIL \_\_\_\_\_

Phone(H) \_\_\_\_\_ (C) \_\_\_\_\_

Rotary Club \_\_\_\_\_ Rotary District \_\_\_\_\_

Scout Council/Organization \_\_\_\_\_ If PDG, year \_\_\_\_\_

I would like to serve as:

- IFSR Officer/Committee member  
 Region Officer/Committee member  
 IFSR District Coordinator  
 How may I help?

<b>Payment method: Select (check) one</b>
<input type="checkbox"/> Send me invoice; no payment now ( <b>legible email required</b> )
<input type="checkbox"/> Check enclosed (address below)
<input type="checkbox"/> Credit Card information below

<b>TOTAL US \$</b> _____
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If you would prefer payment by credit card, fill in the information below.	
CREDIT CARD	<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AX
CARD #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EXP DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NAME ON CARD	_____
Card Security Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CREDIT CARD BILLING STREET ADDRESS	_____
ZIP/POSTAL CODE	_____
SIGNATURE	_____

Make checks payable to <b>“IFSR”</b> Send to: <b>IFSR</b> <b>P O BOX 19982</b> <b>SAN DIEGO CA 92159-0982</b> <b>USA</b>
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