

**Rotarian Action Group for
Population & Development (RFPD)
Membership Application**

Yes! I would like to join:

___ Lifetime Member (\$100.00)
___ Annual Member (\$25.00)

Name: _____

Address: _____

City: _____

State/Country: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Rotary Club & District: _____

Complete and return with payment to:

RFPD, Attn: Jennifer Hendrickson
270 Langley Drive, Lawrenceville, GA 30045
OR Fax to: 770-822-9492

Payment (circle one):

Check MasterCard Visa AmEx

Amount: _____

Credit Card #:

_____ Exp. _____

Name as it appears on card:

Signature:

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