

@KIWANIS MEMBERSHIP INFORMATION

PLEASE TYPE OR PRINT

KIWANIS CLUB	KEY NUMBER	DISTRICT NAME OR NUMBER	STATE/PROVINCE	COUNTRY
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PLEASE CHECK ONE

- NEW OR FORMER MEMBER ADD
 MEMBER DELETE
 MEMBER TRANSFER
 MEMBER INFORMATION CHANGE
 HONORARY MEMBERSHIP
 NON-MEMBER SUBSCRIPTION

MEMBERSHIP ID NUMBER		KIWANIS LIFE MEMBER		KWAN'S LIFE MEMBER NUMBER		<input type="radio"/> YES MEMBERSHIP		DISTRICT LIFE		
YES NOO MULTIPLE MEMBERSHIP		IF YES, CLUB NAME		KEY NUMBER		MEMBER ID NUMBER		DATE JOINED (MONTH/DAY/NEAR)		
LAST NAME			SUFFIX	FIRST NAME			MIDDLE INITIAL	PREFIX		
GENDER	DATE OF BIRTH	TELEPHONE			PREFERRED EMAIL ADDRESS					
OM Fo										
HOME ADDRESS			CITY		STATE/PROVINCE		COUNTRY	ZIP/POSTAL CODE		
BUSINESS NAME			TITLE/POSITION		BUSINESS ADDRESS					
CITY		STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE	FAX NUMBER		BUSINESS PHONE			
SPOUSE NAME		IS SPOUSE MEMBER	IF YES, CLUB NAME			KEY NUMBER		MEMBER ID NUMBER		
		<input type="radio"/> YES								

SEND KIWANIS MAIL TO: HOME WORK

CHECK ONE BLOCK PER CATEGORY

SPOUSAL MAGAZINE CREDIT

YES

PRIMARY EMPLOYMENT Codes _____

- | | | | |
|--|--------------------------|---------------------|---|
| <input type="checkbox"/> 1 Banking/Finance | Legat | 021 Real Estate | D 31 Agriculture |
| 0 5 Construction | 15 Manufacturing (Light) | n 25 Retail | <input type="checkbox"/> 3 Communications/Media |
| D 7 Education | 17 Medical | D 27 Transportation | 13 Manufacturing (Heavy) |
| | | | 023 Religion D 94 Other |
| D 9 Government | 019 Nonprofit | D 29 Wholesale | |

JOB CLASSIFICATION Codes

- | | |
|-----------------------|-------------|
| ON Elected Management | Supervision |
| O P Partner/Owner | Technical |
| Q Professional | Retired |
| DR Sates | Other |

EDUCATION ATTAINED Codes

- | | |
|---|----------------------------------|
| <input type="checkbox"/> A Grade School | F Master's Degree |
| <input type="checkbox"/> B High School | D G Graduate Professional Degree |
| <input type="checkbox"/> C Technical/Business School | O H College/University Attended |
| <input type="checkbox"/> D Associate Degree (2 yrs) | |
| <input type="checkbox"/> E Baccalaureate Degree (4 yrs) | |

New member sponsored by:

Name JD Number

PLEASE NOTE: FOR MEMBERSHIP STATISTICS ONLY. KIWANIS INTERNATIONAL DOES NOT PROVIDE MEMBERSHIP INFORMATION TO THIRD PARTIES.

If you are a former member D Kiwanis Key Club O Kiwanis Junior D Circle K D Aktion Club D K-Kids O Builders Club
Club _____

Name Former ID Number Date Joined Date Left

PLEASE COMPLETE THIS SECTION ONLY IF DELETING A MEMBER

Effective date (MM/DD/YYYY) _____

Check reason for delete - Codes

DA Attendance B Business Pressure O D Deceased a G Other
OH Health O I Lack of interest D L Lack of time O M Moving P Non payment of dues

PLEASE COMPLETE THIS SECTION ONLY IF MEMBER IS TRANSFERRING TO ANOTHER KIWANIS CLUB

Effective Date (MM/DD/YYYY)

Dues paid through

(Date)

Club transferring to - Club Name Key Number District

NOTE: PLEASE GIVE ONE COPY OF THIS FORM TO MEMBER TO BE GIVEN TO THE CLUB TO WHICH HE OR SHE IS TRANSFERRING.

White-Kiwanis International, Attn: Member Services, 3636 Woodview Trace, Indianapolis; IN 46268

Canary-District Office

Green-Club File