



PAST LIEUTENANT GOVERNOR'S ASSOCIATION

Name: _____ Nickname: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Fax: _____ Cell: _____

Spouse's Name: _____

District Served as Lt. Gov. _____

Division(s) Served as Lt. Governor _____

Year(s) Served as Lt. Gov. _____

Other District or International Offices Held in Kiwanis

Your Current Division: _____

Office Held in Division: _____

_____ Lifetime Member

_____ Annual Member

How can we better serve you ? _____ (attach additional sheet, if needed.)

**To become a Lifetime Member make your check for \$50 payable to the
Florida District of Kiwanis (with PLGA Life Member in the memo line)**

and Mail to:

Florida District of Kiwanis

P.O. Box 290489

Port Orange, FL 32129