



Kiwaniis®

KY-TN PAST LT GOVERNOR ASSOCIATION

APPLICATION TO JOIN

Name: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Phone (Home): (_____) _____ - _____ (Cell): (_____) _____ - _____

Email Address: _____

Division: _____ Kiwanis Club: _____

Year(s) served as Lt. Governor: _____

Areas of Interest in which to participate, please check those you are interested in assisting with:

- Leadership Development
- Mentoring upcoming Leaders
- PLGA Membership Development
- PLGA Association Development in each Division
- District PLGA Association Officer
- District Club Membership Growth
- District New Club Building
- Recruitment and retention of Clubs
- Provide assistance at the District Convention

Suggestions or Comments:

- I would like to join the Association for a single year (\$10)
- I would like to join the Association for MULTIPLE years (\$10 / year)
Amount of check enclosed \$ _____
Number of years _____

Mail this application along with your check payable to: KY-TN District Past Lt. Governors' Assoc.

Kentucky-Tennessee District of Kiwanis
PO Box 4327
Lexington, KY 40544