## **WWANIS MEMBERSHIP INFORMATION**

PLEASE TYPE OR PRINT

KIWANIS CLUB		KEY NUM	DISTRICT NAME OR NUMBER			STAT	E/PROVIN	OUNTRY								
PLEASE CHECK ON	R MEME				BER DEL			HIP		MEMBE NON-MI				ION		
					NIS LIFE MEMBER KIWA				ANIS LIFE MEMBER NUMBER				DISTRICT LIFE MEMBERSHIP YES NO			
MULTIPLE MEMBERSHIP   IF YES, CLUB NAME YES NO				KE	Y NUMBEF	MEMBER ID NUMBER				DATE JOINED (MONTH/DAY/YEAR)						
LAST NAME			S	SUFFIX	FIRST NAME							MIDDL	MIDDLE INITIAL PREFIX			
GENDER DATE OF BIRTH TELEPHONE							PREFE	RRE	ED EMAI	L ADDRES	S					
HOME ADDRESS						5	STATE/PROVINCE			COUNTRY		ZIP/PO	STAL CODE			
BUSINESS NAME				TITLE/P	OSITION	E	BUSINESS ADDRESS									
CITY	STATE/PROVI	COUNT	'RY ZIP/F	AL COD	DDE FAX NUMBER			BUSINESS PHONE		NE						
SPOUSE NAME IS SPOU YE					IF YES, CLUB NAME						KEY N	UMBER	MEMBER	ID NUMBER		
SEND KIWANIS MAIL	TO: I	HOME I \	NOR		NE BLOC		EDCA	TEC			SPO	USAL MAC	GAZINE C	REDIT		
PRIMARY EMPLOYMEI       1     Banking/Finance       3     Communications/Medi       5     Construction       7     Education       9     Government	g (Heavy) g (Light)															
JOB CLASSIFICATION       N Elected       O Management       P Partner/Owner       Q Professional       R Sales		EDUCATION ATTAINED Codes       A Grade School     F Master's Degree       B High School     G G Graduate Professional Degree       C Technical/Business School     H College/University Attended       D Associate Degree (2 yrs)     E Baccalaureate Degree (4 yrs)									96					
New member sponsored	l by:															
		ID Number ERNATIONAL DOES NOT PROVIDE MEMBERSHIP INFORMATION TO THIRD PARTIES.														
If you are a former mem Club Name	lub	□ Kiwanis Junior □ Circle K □ Aktion C Former ID Number						Club	ub 🗆 K-Kids 🗆 Builders Club							
								e Le	ert							
PLEASE COMPLETE T Effective date (MM/DD/ Check reason for delete	YYYY) - Code	s							0.1							
A Attendance Image: Constraint of the second se														es		
PLEASE COMPLETE T	HIS SEC	TION ONLY	IF ME	MBER	IS TRAN	SFE	RRING	то	ANOTH	HER KIW	ANIS C	CLUB				
Effective Date (MM/DD/YYYY)												(Date)				
NOTE: PLEASE GIVE ONE CO	OPY OF TH	HIS FORM TO M	IEMBE	R TO BE	GIVEN TO 1	THE C	LUB TO	WHI	CH HE C	R SHE IS T	RANSF	ERRING.				
White-Kiwanis Interna	tional, Attr	n: Member Serv	ices, 3	636 Woo	dview Trace	, Indi	ianapolis	, IN 4	46268	Canary-	District	Office	Green-C	Club File		