



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 <input type="radio"/> YES <input type="radio"/> NO	KIWANIS LIFE MEMBER NUMBER	DISTRICT LIFE MEMBERSHIP <input type="radio"/> YES <input type="radio"/> NO
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MULTIPLE MEMBERSHIP <input type="radio"/> YES <input type="radio"/> NO	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER	DATE JOINED (MONTH/DAY/YEAR)
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LAST NAME	SUFFIX	FIRST NAME	MIDDLE INITIAL	PREFIX
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GENDER OM FO	DATE OF BIRTH	TELEPHONE	PREFERRED EMAIL ADDRESS
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HOME ADDRESS	CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
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BUSINESS NAME	TITLE/POSITION	BUSINESS ADDRESS
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CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE	FAX NUMBER	BUSINESS PHONE
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SPOUSE NAME	IS SPOUSE A MEMBER <input type="radio"/> YES <input type="radio"/> NO	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER
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SEND KIWANIS MAIL TO: HOME WORK

CHECK ONE BLOCK PER CATEGORY

SPOUSAL MAGAZINE CREDIT
 YES NO

PRIMARY EMPLOYMENT Codes

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 1 Banking/Finance | <input type="checkbox"/> 11 Legal | <input type="checkbox"/> 21 Real Estate | <input type="checkbox"/> 31 Agriculture |
| <input type="checkbox"/> 3 Communications/Media | <input type="checkbox"/> 13 Manufacturing (Heavy) | <input type="checkbox"/> 23 Religion | <input type="checkbox"/> 94 Other _____ |
| <input type="checkbox"/> 5 Construction | <input type="checkbox"/> 15 Manufacturing (Light) | <input type="checkbox"/> 25 Retail | |
| <input type="checkbox"/> 7 Education | <input type="checkbox"/> 17 Medical | <input type="checkbox"/> 27 Transportation | |
| <input type="checkbox"/> 9 Government | <input type="checkbox"/> 19 Nonprofit | <input type="checkbox"/> 29 Wholesale | |

JOB CLASSIFICATION Codes

- | | |
|--|--|
| <input type="checkbox"/> N Elected | <input type="checkbox"/> S Supervision |
| <input type="checkbox"/> O Management | <input type="checkbox"/> T Technical |
| <input type="checkbox"/> P Partner/Owner | <input type="checkbox"/> V Retired |
| <input type="checkbox"/> Q Professional | <input type="checkbox"/> X Other _____ |
| <input type="checkbox"/> R Sales | |

EDUCATION ATTAINED Codes

- | | |
|---|---|
| <input type="checkbox"/> A Grade School | <input type="checkbox"/> F Master's Degree |
| <input type="checkbox"/> B High School | <input type="checkbox"/> G Graduate Professional Degree |
| <input type="checkbox"/> C Technical/Business School | <input type="checkbox"/> 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 _____ ID Number _____

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

If you are a former member Kiwanis Key Club Kiwanis Junior Circle K Aktion Club K-Kids 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

<input type="checkbox"/> A Attendance	<input type="checkbox"/> B Business Pressure	<input type="checkbox"/> D Deceased	<input type="checkbox"/> G Other _____
<input type="checkbox"/> H Health	<input type="checkbox"/> I Lack of interest	<input type="checkbox"/> L Lack of time	<input type="checkbox"/> M Moving
			<input type="checkbox"/> 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.