



# KIWANIS MEMBERSHIP INFORMATION

PLEASE TYPE OR PRINT

KIWANIS CLUB	KEY NUMBER	DISTRICT NAME OR NUMBER	STATE/PROVINCE	DATE
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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 YES <input type="checkbox"/> NO <input type="checkbox"/>		KIWANIS LIFE MEMBER NUMBER		DISTRICT LIFE MEMBERSHIP YES <input type="checkbox"/> NO <input type="checkbox"/>				
MULTIPLE MEMBERSHIP YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, CLUB NAME		KEY NUMBER		MEMBER ID NUMBER		DATE JOINED (MONTH/DAY/YEAR)		
LAST NAME			SUFFIX	FIRST NAME			MIDDLE INITIAL	PREFIX		
GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH		HOME PHONE			PREFERRED EMAIL ADDRESS				
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 A MEMBER YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, CLUB NAME			KEY NUMBER	MEMBER ID NUMBER		

SEND KIWANIS MAIL TO:  HOME  WORK

SPOUSAL MAGAZINE CREDIT

YES  NO

### CHECK ONE BLOCK PER CATEGORY

#### 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"/> D Associate Degree (2 yrs)     |   |
| <input type="checkbox"/> E Baccalaureate Degree (4 yrs) |   |

College/University Attended \_\_\_\_\_ Other Affiliations \_\_\_\_\_

Offices/Positions Held (if any) \_\_\_\_\_

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.