



# 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 NO		KIWANIS LIFE MEMBER NUMBER		DISTRICT LIFE MEMBERSHIP YES NO	
MULTIPLE MEMBERSHIP YES NO		IF YES, CLUB NAME		KEY NUMBER		MEMBER ID NUMBER	
DATE JOINED (MONTH/DAY/YEAR)		LAST NAME		SUFFIX		FIRST NAME	
MIDDLE INITIAL		PREFIX		GENDER M F		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 NO		IF YES, CLUB NAME		KEY NUMBER	
MEMBER ID NUMBER		SEND KIWANIS MAIL TO: <input type="checkbox"/> HOME <input type="checkbox"/> WORK		SPOUSAL MAGAZINE CREDIT YES NO			

**PRIMARY EMPLOYMENT Codes**

- CHECK ONE BLOCK PER CATEGORY**
- |   |   |  |   |
|---|---|--|---|
| <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.