



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: 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.