KIWANIS M	EMBERS	HIP II	NFORM	IATIO	N	·	PLE	ASE T	YPE O	R PRIN
KIWANIS CLUB			KEY NUME	BER DIST	RICT NAME	OR NUMBER	STATE/	PROVINC	E	DATE
PLEASE CHECK ONE NEW OR FORMER MEN MEMBER INFORMATION			MBER DEL NORARY M		SHIP	☐ MEMBE			CRIPTION	ON
MEMBERSHIP ID NUMBER	KI		FE MEMBER	KIWANIS	LIFE MEM	BER NUMBER	i		LIFE ME	MBERSHIP
MULTIPLE MEMBERSHIP IF YES NO	6, CLUB NAME	1	KEY NUMBER	MEN	MBER ID NU	IMBER	D	ATE JOIN	ED (MONT	'H/DAY/YEAR)
LAST NAME		SUFFI	X FIRST	NAME				MIDDLE	INITIAL	PREFIX
GENDER DATE OF BIRTH I	HOME PHONE	1,		PREI	FERRED EN	MAIL ADDRES	S	1	· ·	
HOME ADDRESS	C	CITY			STATE/PR	OVINCE	COUN	ITRY	ZIP/POS	TAL CODE
BUSINESS NAME		TITLE	TITLE/POSITION		BUSINESS ADDRESS			L		
CITY	STATE/PROVINC	E COU	NTRY ZIP/P	OSTAL CO	DE FAX N	IUMBER		BUSINES	SS PHON	E
SPOUSE NAME	IS SPOUSE YES		R IF YES, CL	UB NAME			KEY NU	MBER M	EMBER I	D NUMBER
SEND KIWANIS MAIL TO:			NE DI AGI	/ DED /	3.4TE0.0		SPOUS	SAL MAGA		REDIT
PRIMARY EMPLOYMENT Cod	des	ECK O	<u>NE BLOCI</u>						<u> </u>	
 □ 1 Banking/Finance □ 3 Communications/Media □ 5 Construction □ 7 Education □ 9 Government 	☐ 11 Legal ☐ 13 Manufactu ☐ 15 Manufactu ☐ 17 Medical ☐ 19 Nonprofit	uring (Hea uring (Ligh	vy) i t) i	□ 21 Real □ 23 Relig □ 25 Reta □ 27 Trans □ 29 Whol	ion il sportation		1 Agriculi 4 Other_	ture		,
□ O Management □ T □ P Partner/Owner □ V □ Q Professional □ X	Supervision Technical Retired Other		DUCATION A A Grade Sch B High Scho C Technical/ D Associate E Baccalaure	nool ol Business S Degree (2	School yrs)		aster's D iraduate I	egree Profession	nal Degree	3
College/University Attended Offices/Positions Held (if any) _	······································			0	ther Affilia	tions				
PLEASE NOTE: FOR MEMBERSHIP S If you are a former member Club Name	STATISTICS ONLY. K	IWANIS IN By Club	ITERNATIONAL	DOES NO	T PROVIDE □ Circle K	MEMBERSHIP	Club [∃ K-Kids	□ Bu	ilders Club
Date Joined										
PLEASE COMPLETE THIS SI			,	BER						
Effective date (MM/DD/YYYY) Check reason for delete - Coo		·								
	siness Pressure		D Deceased		☐ G Othe	r				
☐ H Health ☐ I Lac	k of interest		L Lack of tim	e	□ M Movi	ng	□P No	n payme	nt of due	· · · · · · · · · · · · · · · · · · ·
PLEASE COMPLETE THIS SE	CTION ONLY IF	MEMBE	R IS TRANS	FERRIN	G TO ANO	THER KIWA	ANIS CL	.UB		