



KIWANIS MEMBERSHIP INFORMATION

PLEASE PRINT OR TYPE

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
 MEMBER TRANSFER
 NONMEMBER SUBSCRIPTION

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
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 Associates 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"/> N Nonpayment of dues |

PLEASE COMPLETE THIS SECTION ONLY IF MEMBER IS TRANSFERRING TO ANOTHER 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