KIWANIS MEMBERSHIP INFORMATION

PLEASE TYPE OR PRINT

KIWANIS CLUB	KEY NUMBER	DISTRICT NAME OR NUMBER	STATE/PROVINCE	COUNTRY
Kiwanis Club of Toronto Caribbean	K19689	Eastern Canada & the Caribbean	Ontario	Canada

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	KIWANIS LIFE MEMBER NUMBER	DISTRICT LIFE MEMBERSHIP
	◯ YES NO ◉		◯ YES NO ◯

MULTIPLE MEMBERSHIP	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER	DATE JOINED (MONTH/DAY/YEAR)
◯ YES NO ◯				

LAST NAME	SUFFIX	FIRST NAME	MIDDLE INITIAL	PREFIX

GENDER	DATE OF BIRTH	TELEPHONE	PREFERRED EMAIL ADDRESS
◯M ◯F			

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	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER
	◯ YES NO ◯			

SEND KIWANIS MAIL TO: ◯ HOME ◯ WORK

SPOUSAL MAGAZINE CREDIT ◯ YES NO ◯

CHECK ONE BLOCK PER CATEGORY

PRIMARY EMPLOYMENT *Codes*

- ☐ 1 Banking/Finance
- ☐ 3 Communications/Media
- ☐ 5 Construction
- ☐ 7 Education
- ☐ 9 Government
- ☐ 11 Legal
- ☐ 13 Manufacturing (Heavy)
- ☐ 15 Manufacturing (Light)
- ☐ 17 Medical
- ☐ 19 Nonprofit
- ☐ 21 Real Estate
- ☐ 23 Religion
- ☐ 25 Retail
- ☐ 27 Transportation
- ☐ 29 Wholesale
- ☐ 31 Agriculture
- ☐ 94 Other _____

JOB CLASSIFICATION *Codes*

- ☐ N Elected
- ☐ O Management
- ☐ P Partner/Owner
- ☐ Q Professional
- ☐ R Sales
- ☐ S Supervision
- ☐ T Technical
- ☐ V Retired
- ☐ X Other _____

EDUCATION ATTAINED *Codes*

- ☐ A Grade School
- ☐ B High School
- ☐ C Technical/Business School
- ☐ D Associate Degree (2 yrs)
- ☐ E Baccalaureate Degree (4 yrs)
- ☐ F Master's Degree
- ☐ G Graduate Professional Degree
- ☐ H College/University Attended _____

New member sponsored by:

Name _____ ID Number _____

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

☐ A Attendance ☐ B Business Pressure ☐ D Deceased ☐ G Other _____
☐ H Health ☐ I Lack of interest ☐ L Lack of time ☐ M Moving ☐ 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.

White-*Kiwanis International, Attn: Member Services, 3636 Woodview Trace, Indianapolis, IN 46268* **Canary**-*District Office* **Green**-*Club File*