



KIWANIS MEMBERSHIP INFORMATION

PLEASE TYPE OR PRINT

KIWANIS CLUB Kiwanis of LaGrange, GA	KEY NUMBER K02426	DISTRICT NAME OR NUMBER K6	STATE/PROVINCE GA	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 <input type="checkbox"/> NO <input type="checkbox"/>		KIWANIS LIFE MEMBER NUMBER		DISTRICT LIFE MEMBERSHIP YES <input type="checkbox"/> NO <input type="checkbox"/>				
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	PREFIX		
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 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.