

CERTIFICATE OF ELECTION
LT. GOVERNOR, DESIGNATE AND LT. GOVERNOR - ELECT, DESIGNATE
TO BE COMPLETED IMMEDIATELY FOLLOWING DIVISION CAUCUS

Election Chair:

Name: _____

Date: _____ Place: _____

Division: _____ Number of Clubs Represented at Caucus/Number of Clubs in Div: _____

Signature: _____

Election Chair

Elected Lieutenant Governor, Designate (Service Year 11-12):

Name: _____

of the Kiwanis Club of _____ Spouse's Name: _____

Address for Kiwanis Mail: _____

Street Address or P O Box

City

State

Zip Code

E - Mail _____ Wedding Ann.: _____ Birthday: _____

Phone #s: (H) _____ (B) _____ (F) _____ (C) _____

Elected Lieutenant Governor-Elect, Designate (Service Year 12-13)

Name: _____

of the Kiwanis Club of _____ Spouse's Name: _____

Address for Kiwanis Mail: _____

Street Address or P O Box

City

State

Zip Code

E - Mail _____ Wedding Ann.: _____ Birthday: _____

Phone #s: (H) _____ (B) _____ (F) _____ (C) _____