



# KIWANIS MEMBERSHIP INFORMATION

**PLEASE PRINT OR TYPE**

KIWANIS CLUB Shorewood	KEY NUMBER K05139	DISTRICT NAME OR NUMBER Michigan	STATE/PROVINCE MI	COUNTRY USA
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### PLEASE CHECK ONE

NEW OR FORMER MEMBER ADD     
  MEMBER DELETE     
  MEMBER TRANSFER  
 MEMBER INFORMATION CHANGE     
  MEMBER TRANSFER     
  NON-MEMBER 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)
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LAST NAME	SUFFIX	FIRST NAME	MIDDLE INITIAL	PREFIX
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GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH	HOME PHONE	PREFERRED EMAIL ADDRESS
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HOME ADDRESS	CITY	STATE/PROVINCE Michigan	COUNTRY USA	ZIP/POSTAL CODE
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BUSINESS NAME	TITLE/POSITION	BUSINESS ADDRESS
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CITY	STATE/PROVINCE Michigan	COUNTRY USA	ZIP/POSTAL CODE	FAX NUMBER	BUSINESS PHONE
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SPOUSE NAME	IS SPOUSE A MEMBER YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER
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SEND KIWANIS MAIL TO:  HOME  WORK

SPOUSAL MAGAZINE CREDIT YES <input type="checkbox"/> NO <input type="checkbox"/>
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### 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 Non payment 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