

## 2018-19 LIEUTENANT GOVERNOR

(Lt. Governor-Elect 2017-18)

- Send completed form to your District Office by April 15, 2018.
- Please print clearly or type all information.
- Please use the Roman (English) alphabet to complete this form so there will be no question about the spelling of your name or other information in English.

DISTRICT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

CLUB KEY NUMBER: K \_\_\_\_\_ (5 digits)

DUAL MEMBER?  YES  NO If yes please list other clubs & Key numbers below:

\_\_\_\_\_  
\_\_\_\_\_

MEMBER ID NUMBER (If known): \_\_\_\_\_

NAME: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

### PRIMARY ADDRESS:

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

If your primary mailing address above is a PO Box, then please list below a street address and corresponding zip or postal code for packages:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**PHONE/FAX: (CHECK ONE PRIMARY PHONE)**

- Home: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ELECTRONIC COMMUNICATIONS:**

E-mail: \_\_\_\_\_

Skype: \_\_\_\_\_

**BUSINESS OR PROFESSION:**

Profession or field of work: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Company: \_\_\_\_\_

**LANGUAGES:**

My native language is: \_\_\_\_\_

I read, write, or speak the following languages—check all that apply:

- |       |                                |                               |                                |
|-------|--------------------------------|-------------------------------|--------------------------------|
| _____ | <input type="checkbox"/> write | <input type="checkbox"/> read | <input type="checkbox"/> speak |
| _____ | <input type="checkbox"/> write | <input type="checkbox"/> read | <input type="checkbox"/> speak |
| _____ | <input type="checkbox"/> write | <input type="checkbox"/> read | <input type="checkbox"/> speak |

**SPOUSE'S NAME:** \_\_\_\_\_

Spouse's Birthday (MM/DD): \_\_\_\_/\_\_\_\_

Anniversary (MM/DD): \_\_\_\_/\_\_\_\_

Is your spouse a Kiwanis Member?  Yes  No

CLUB, if a Kiwanis member: \_\_\_\_\_

**PLEASE NOTE: Some of the information you provide will appear in International and District directories. This information also may be listed in an electronic format on Kiwanis Web sites. By signing this form you give permission for this use of your information.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_