

2017-18 LIEUTENANT GOVERNOR

(Lt. Governor-Elect 2016-17)

- Send completed form to your District Office by April 15, 2017.
- 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:** _____