

Key number:

(for office use only)

Form must be completed for chartering to be processed. Please submit electronically to slpcharter@kiwanis.org.

Club	
Club name:	
School/club address:	
State/Province:	
Postal Code	
Country:	
District:	
Kiwanis advisor name:	
Kiwanis advisor e-mail:	
Advisor name:	
Advisor e-mail:	

Charter members information

*Please provide all information allowed by school/agency policy.

	Last name	First Name	Home address	City	State/ Province	Postal code	Country	Graduation year	Gender	E-mail address
President										
Vice president										
Secretary										
Treasurer										
Editor										
Member										
Member										
Member										
Member										
Member										
Member										
Member										
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