

New Kiwanis Club Information Sheet

TRANSMIT BY PHONE, FAX OR ONLINE WITHIN 24 HOURS OF ORGANIZATION
Online at: <http://www.kiwanis.org/resources/build/ncbinfosheet.asp>
Tel: 800/549-2647 Fax: 317/879-0204

For Kiwanis Staff:
Key #:

Date: _____ Organization Date: _____
Kiwanis Club of: _____
Located in City: _____ State/Province: _____ Country: _____
Principle language of club: _____ District: _____ Division: _____

LT. GOVERNOR _____

Address: _____
City, State/Province, Postal Code: _____ Country: _____
E-Mail: _____

TAG TEAM MEMBER [Ms. Mr. Dr. Other]: _____

Address: _____
City, State/Province, Postal Code: _____ Country: _____
Business Phone: _____ Home Phone: _____
E-Mail: _____

Number of Members _____	Number At Organization Meeting _____
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PRESIDENT [Ms. Mr. Dr. Other]: _____

Address: _____
City, State/Province, Postal Code: _____ Country: _____
Business Phone: _____ Home Phone: _____
E-Mail: _____

SECRETARY [Ms. Mr. Dr. Other]: _____

Address: _____
City, State/Province, Postal Code: _____ Country: _____
Business Phone: _____ Home Phone: _____
E-Mail: _____

MEETINGS

Day: M TU W TH F SA SU Weekly Twice a Month (note weeks i.e. 1st & 3rd etc) Time: _____

Place: _____

Street Address: _____ City/State: _____ Zip: _____

Date of Charter Presentation: _____ Tentative Confirmed

Sponsoring Club(s): _____