

## 2008-09 LI EUTENANT GOVERNOR

<sup>3</sup>/<sub>4</sub> Send completed form to your District Office by April 15, 2008.

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.

<b>DISTRICT:</b> _____ <b>DIVISION:</b> _____
<b>CLUB NAME:</b> _____
<b>CLUB KEY NUMBER:</b> K _____ (5 digits)

<b>MEMBER ID NUMBER (If known):</b> _____
<b>NAME</b> as you want it to appear in Kiwanis directories: _____
<b>Public Nickname (if any):</b> _____ <b>Birthdate (mo/day/yr)</b> _____

<b>ADDRESS: Please check the box next to your <u>preferred</u> postal mailing address.</b>
<input type="checkbox"/> <b>Business address:</b> _____
City _____ State/Province _____
Postal Code _____ Country _____
<input type="checkbox"/> <b>Residence address:</b> _____
City _____ State/Province _____
Postal Code _____ Country _____
<b>If your preferred mailing address above is a PO Box, then please list below a street address and corresponding zip or postal code for packages:</b>
Street Address _____
City _____ State/Province _____
Postal Code _____ Country _____

**PHONE/FAX:** Please check the box next to your preferred phone and fax number.  
**Include** area code, or country and city code if outside the U.S. and Canada.

Business phone \_\_\_\_\_  Home phone \_\_\_\_\_

Cell/Mobile phone \_\_\_\_\_

Business fax \_\_\_\_\_  Home fax \_\_\_\_\_

**PREFERRED E-MAIL ADDRESS:** Please list only one.

E-mail: \_\_\_\_\_  Home?  Business?

**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:

English .....	<input type="checkbox"/> write	<input type="checkbox"/> read	<input type="checkbox"/> speak
Dutch/Flemish .....	<input type="checkbox"/> write	<input type="checkbox"/> read	<input type="checkbox"/> speak
French .....	<input type="checkbox"/> write	<input type="checkbox"/> read	<input type="checkbox"/> speak
German .....	<input type="checkbox"/> write	<input type="checkbox"/> read	<input type="checkbox"/> speak
Italian .....	<input type="checkbox"/> write	<input type="checkbox"/> read	<input type="checkbox"/> speak
Spanish .....	<input type="checkbox"/> write	<input type="checkbox"/> read	<input type="checkbox"/> speak
Other: _____	<input type="checkbox"/> write	<input type="checkbox"/> read	<input type="checkbox"/> speak

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

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.

Check this box to indicate you have read this note.

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