

## New Kiwanis Club Information Sheet

Download, print hard copy and fax to the number below or call:

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. 1<sup>st</sup> & 3<sup>rd</sup> etc) Time: \_\_\_\_\_

Place: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Charter Presentation: \_\_\_\_\_  Tentative  Confirmed

Sponsoring Club(s): \_\_\_\_\_