

# KIWANIS MEMBER REFERRAL FORM

TO: Kiwanis Club of \_\_\_\_\_

FROM: Kiwanis Club of \_\_\_\_\_

One of our members is moving to your area. We encourage you to contact this Kiwanian about membership in your club.

Name \_\_\_\_\_ Moving Date \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F

New Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Date Joined Kiwanis \_\_\_\_\_ Dues Paid Through \_\_\_\_\_

A leave of absence has been approved for member during move:  Yes  No

Spouse's/Partner's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Kiwanis Information (e.g., offices held, honors received, committee/project participation, etc.)

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Community Activities/Interests and Hobbies

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MAILING INSTRUCTIONS: Send to the club secretary or district secretary in the new location.