



# Kiwaniis

## LIEUTENANT GOVERNOR CONTACT INFORMATION

- 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>YEAR ELECTED TO SERVE:</b> _____	
<b>CLUB NAME:</b> _____	
<b>CLUB KEY NUMBER:</b> K _____ (5 digits)	

<b>MEMBER ID NUMBER (If known):</b> _____
<b>NAME:</b> _____
<b>Birthdate (mo/day/yr):</b> _____

<b>PRIMARY ADDRESS:</b>
Address _____
City _____ State/Province _____
Postal Code _____ Country _____
<b>If your primary 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 _____

**PRIMARY PHONE/FAX:**

**Include area code, or country and city code if outside the U.S. and Canada.**

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**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:** \_\_\_\_\_