



NEW KIWANIS CLUB INFORMATION SHEET

TRANSMIT BY TELEPHONE OR FAX WITHIN 24 HOURS OF ORGANIZATION

Tel: 800/549-2647 Fax: 317/879-0204

Date: \_\_\_\_\_

Organization Date: \_\_\_\_\_

Kiwanis Club of \_\_\_\_\_

Located in (city) \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Principle language of club \_\_\_\_\_ District \_\_\_\_\_ Division Number \_\_\_\_\_

Lt. Governor \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State/Province) \_\_\_\_\_ (Country) \_\_\_\_\_  
(Postal Code)

New Club Builder \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of Members \_\_\_\_\_

Number Attending Organization Meeting \_\_\_\_\_

President (Name) Ms. Mr. Dr. Other \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State/Province) \_\_\_\_\_ (Country) \_\_\_\_\_  
(Postal Code)

(Telephone No.) \_\_\_\_\_ / \_\_\_\_\_  
(Business) (Residence)

Secretary (Name) Ms. Mr. Dr. Other \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State/Province) \_\_\_\_\_ (Country) \_\_\_\_\_  
(Postal Code)

(Telephone No.) \_\_\_\_\_ / \_\_\_\_\_  
(Business) (Residence)

Day and Time of Meetings \_\_\_\_\_

Place of Meetings \_\_\_\_\_

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

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

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

To be completed by Office Staff:

Key # \_\_\_\_\_

