

# KIWANIS MEMBERSHIP INFORMATION

Please type or print clearly

ALWAYS COMPLETE THIS SECTION:

District:

Key:

Club:

Key:

## NEW member :

Member first name:

Member last name:

Date joined :   
(DD/MM/YYYY)

Birth Date :   
(DD/MM/YYYY)

Gender :   
(M/F)

### Postal address :

Street or PO Box			
Suburb			
City		Post code	
Country			
Telephone		Email	

New member sponsored by :

Member ID:

If a transfer from another Kiwanis club. Member ID :

From club name:

Key:

## CHANGE member details :

Member name (Existing) :

Member ID :

### Postal address :

New address:

Street or PO Box			
Suburb			
City		Post code	
Country			
Telephone		Email	

New name (if changed) :

## DELETE member :

Member name :

Member ID :

Delete date :   
(DD/MM/YYYY)

Reason :

Please forward the completed form to The District Treasurer, (for postal address, see the District Directory), or email to : [treasurer@kiwanis.org.nz](mailto:treasurer@kiwanis.org.nz)