NEW-CLUB INFORMATION

Key # _____
For office use only

Club name Kiwanis Club of _____ Org date _____

District _____ Division _____

Location of meeting _____ Number of members _____

Day, time & frequency of meeting _____ Language _____

State/province _____ Country _____

CLUB TYPE (select one) ☐ TRADITIONAL ☐ 3-2-1 ☐ INTERNET ☐ YOUNG PROFESSIONALS

OFFICERS

PRESIDENT Name _____ Phone _____

Address _____ State/province _____ Postal _____

Email _____

SECRETARY Name _____ Phone _____

Address _____ State/province _____ Postal _____

Email _____

SUPPORT TEAM

LIEUTENANT GOVERNOR Name _____ Email _____

CLUB OPENER(S) Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

CLUB COACH(ES) Name _____ Email _____

Name _____ Email _____

SPONSORING CLUB(S) _____

_____

Charter items should be sent to (select one): ☐ Lt. governor ☐ Club opener ☐ Club coach ☐ Club president

RETURN TO: newclubs@kiwanis.eu | Member administration - MSC Ghent

Kiwanis®