

Report of Election of Lt. Governor-elect

Term as Lt. Governor-elect _____

PLEASE COMPLETE AND SUBMIT TO THE DISTRICT OFFICE (office@cnhkiwanis.org, 909-989-7779 fax or mail to 8360 Red Oak St., Suite 201, Rancho Cucamonga, CA 91730):

Name _____ Member # _____ Club _____
First Name Last Name

Nickname _____ Spouse/Partner's Name _____ Division _____
First Name Last Name

Name as you would like it to appear on your name badge and in the directory:

First Name Last Name

Name as your spouse/partner would like it to appear on their name badge and in the directory:

First Name Last Name

Note: **PLEASE CHECK YOUR PREFERRED MAILING ADDRESS.** It should be a street address, not a post office box number, to receive packages from the District and Kiwanis International quickly and economically.

Prefer Home Address _____ Prefer Business Address _____

Home Address

Street Address City State Zip Code +4

Business Address

Street Address City State Zip Code +4

Business Phone (____) _____ Home Phone (____) _____ FAX (____) _____

E-Mail Address _____ Cell Phone (____) _____

Place of Birth _____ Month and Day of Birth _____

Occupation: _____ Spouse Birthday _____ Anniversary _____

Civic, Church, Philanthropic and other organizations: _____

Served as Club President(s) _____
Club(s) Year(s)

Other Positions held in Club _____

Positions held in Division, District or International _____

Number of years in Kiwanis Membership _____ Date First Joined Kiwanis _____

Held Kiwanis membership in following club/s (Give dates if possible): _____

Number of Conventions attended: District: _____ International: _____ Mid-Year: _____

Do you have Life Member Status: _____ Special Talents: _____