

## Report of Election of Lt. Governor-elect

Term as Lt. Governor-elect \_\_\_\_\_

**PLEASE COMPLETE AND SUBMIT TO THE DISTRICT OFFICE ([office@cnhkiwanis.org](mailto: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: \_\_\_\_\_