

APPLICATION FOR LIFE MEMBER STATUS

Kiwanis International
Attention: Life Member Status
3636 Woodview Trace
Indianapolis IN 46268-3196

Application is hereby made for the granting of Life Member Status to a member in good standing for the Kiwanis Club of _____ Key Number _____

Division _____ District _____

State or Province and Country _____

Name of applicant: _____
(Spell name as it should appear on mementos.)

Kiwanis history of the applicant (offices held in club, division, district and other Kiwanis clubs in which the applicant has held membership, if any):

Date of entry into Kiwanis, if available, or approximate number of years of membership (three-year minimum required):

Certification of approval (one signature required):

District Governor or District Secretary

Club President or Club Secretary

Payment of \$405 is enclosed.
Must be in U.S. dollars or equivalent.

If application is granted, please forward mementos to club president or secretary at the following address (**street address, not P.O. Box**):

• Payment by credit card:

American Express
Master Card
Visa

Expiration date: _____

Name and address of card holder:

Telephone _____
(Requested by carrier)

Presentation Date _____
(Please allow four weeks for processing and delivery.)

For Office Use Only: 4003-001-101

Date Received _____

Life Member Status Number _____