Key number: (for office use only)	
Form must be completed for charter to be processed. **Please submit electronically to slpcharter@kiwanis.org.**	

Club

Club name:	
School/club address:	
State/Province:	
Postal Code	
Country:	
District:	
Kiwanis advisor name:	
Kiwanis advisor e-mail:	
Advisor name:	
Advisor e-mail:	

Charter members information

***Please provide all information allowed by school/agency policy.**

	Last name	First Name	City	State/ Province	Postal code	Country	(Required for CKI) Date of Birth	Graduation year	Gender	E-mail address
President										
Vice president										
Secretary										
Treasurer										
Editor										
Webmaster										
Member										
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