

**Key number:**  
(for office use only)

Form must be completed for chartering to be processed. Please submit electronically to [slpcharter@kiwanis.org](mailto:slpcharter@kiwanis.org).

<b>Club</b>	
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	Home address	City	State/ Province	Postal code	Country	Graduation year	Gender	E-mail address
<b>President</b>										
<b>Vice president</b>										
<b>Secretary</b>										
<b>Treasurer</b>										
<b>Editor</b>										
<b>Webmaster</b>										
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