

MEMBERSHIP STATUS REPORT FORM

Club Name _____ District: _____ Zone: _____ Club Id# _____
Submitted by: _____ Title: _____ Date: _____
Business Phone () _____ Home Phone () _____ email _____

Please process the following change to our club's membership: *PLEASE PRINT CLEARLY*

- Reactivate a MEMBER** (use for reinstating members who previously were members of the Association & transfers in)
- DEACTIVATION of a member** (Use for Withdrawals from the Association)
- Member CHANGE OF INFORMATION** (use to just change information on a member that's staying in your club)
- CHANGE LIFE MEMBER STATUS** LIFE TO ACTIVE LIFE ACTIVE LIFE TO LIFE

KINSMEN KINETTE

First Name _____ Middle Name/Initial _____ Last Name _____

Member Address _____

City/Town _____ Province _____ Postal Code _____

Business Phone () _____ Home Phone () _____ Fax () _____

Email: _____

Date of Birth ____m____d____y Nickname: _____ Language: F E

Occupation: _____

If changing surname, please indicate previous name _____ Sex: M F

Email address _____ Sponsored by _____

Spouse/Partner Name: _____ Is spouse/partner a Kinsmen/Kinette Yes No

Areas of Expertise: Public speaking Marketing Public relations Media Relations Accounting

Computer Training Business Administration Legal Other _____

Is this a reinstated member (a previous member of the Association who is returning)? Yes No

If yes, when did the member leave their previous club? ____m____d____y Name of Previous club? _____

Please check one of the following: **ALL BADGES MUST BE PREPAID**

Standard Name Badge (Blue with white print) \$ 6.50 plus shipping and taxes (Optional for reinstated members.)

Custom Name Badge \$ 9.00 plus shipping and taxes (Please describe) _____

Type of Badge (Please complete for all new members and if ordering for reinstated members)

Standard Name Badge (Other Colours or extra line): Please describe: _____

Magnet, available on Standard or Custom Badge \$3.50 plus shipping and taxes (where applicable)

Please indicate name to put on badge if different from above: _____

Note: If badge type is not indicated, a standard name badge will be sent. Prices subject to change.

Method of Payment Kin Visa Visa Mastercard Cash Cheque/Money Order, payable to Kin Canada & forward to address listed below.

CARDHOLDER'S NAME: _____

CARD #: _____ EXP DATE: _____

SIGNATURE: _____

Which City/Town is the member relocating to: _____

Is member intending on joining another club in the Association? Yes No

If yes, New Area/Club to: _____ District: ____ Zone: ____ Club #: _____

Kinsmen Kinette Kin Club of _____