

FORM 5: Key Club charter member roster

Key number:
(for office use only)

Form must be completed for chartering to be processed. Please submit electronically to spgcharter@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 | Home address | City | State/ Province | Postal code | Country | Graduation year | Gender |
|----------------|-----------|------------|--------------|------|--------------------|----------------|---------|--------------------|--------|
| President | | | | | | | | | |
| Vice president | | | | | | | | | |
| Secretary | | | | | | | | | |
| Treasurer | | | | | | | | | |
| Editor | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |
| Member | | | | | | | | | |

