

## APPLICATION FOR DISTRICT LIFE MEMBER STATUS

Life Member Status provides a unique opportunity for acknowledging Kiwanians who qualify for special recognition. Individuals who achieve Life Member Status are those who perpetuate the Objects and objectives of Kiwanis International. Recipients must hold active, privileged, or senior membership and must have been a member of Kiwanis for at least three years. A club may apply for District Life Member Status to honor its president or any other club member. A family or friends may apply through a club. A division may apply to honor its lieutenant governor or past lieutenant governor. A district may apply to honor a district officer, past or present. An application for District Life Member Status by a club or an individual is subject to the approval of the club's board of directors and must be signed by the president or secretary of the club. District and division recognition must be approved, and application signed by the governor or district secretary. Applications must be made in the name of the individual who is to achieve Life Member Status, not in the name of the office.

*Each member granted Life Member Status receives a plaque to display.*

The cost of District Life Member Status is normally a one-time fee of \$900 (15 times annual dues) payable upon application.

Once District Life Member Status has been achieved, the member's club will never again be required to pay District dues for that member. District Life Member Status has no effect, however, on payment of liability insurance, the subscription to Kiwanis Magazine, or club and international dues.

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Presentation Date \_\_\_\_\_ (Please allow six weeks for processing and delivery.)

Division \_\_\_\_\_ Club \_\_\_\_\_ Key # \_\_\_\_\_ State \_\_\_\_\_

Name of applicant: \_\_\_\_\_

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

Certification of approval (one signature required): \_\_\_\_\_  
District Governor, District Secretary, Club President or Club Secretary

Upon approval, please forward mementos to the following address (NO PO Boxes):

Name: \_\_\_\_\_

Shipping Address (NO PO Boxes) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment by Visa, MC or Check (made payable to Carolinas District Kiwanis) TOTAL DUE: \_\_\_\_\_

Payment type (please choose one): VISA MASTERCARD CHECK

If paying by VISA or MASTERCARD: Cardholder Name: \_\_\_\_\_

CC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

By signing below, I authorize the Carolinas District of Kiwanis to process funds from this credit card.

**Cardholder Signature:** \_\_\_\_\_

**QUESTIONS:** Call **800-739-1827** or email : [districtoffice@carolinakiwanis.org](mailto:districtoffice@carolinakiwanis.org)  
**Mail to: Carolinas District Office, 184 N. Water St., Suite 24, Boone, NC 28607**