

KEY CLUB

SOUTHWEST DISTRICT KEY CLUB 2018-2019 Officer Certification Form

Key Club: _____ Division: _____

School Mailing Address: _____
(Street) (City) (State) (Zip)

Faculty Advisor Name: _____ Advisor Phone: _____

Faculty Email: _____ School Phone: _____

Sponsoring Kiwanis: _____ Kiwanis Division
No. _____

Email: _____ Phone No. _____

PRESIDENT: Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

EMAIL: _____

VICE PRESIDENT: Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

EMAIL: _____

SECRETARY: Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

EMAIL: _____

KEY CLUB

TREASURER: Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

EMAIL: _____

Does your club have a website?
The Southwest District Key Club would like to see!
(Optional)

WEB MASTER: Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

EMAIL: _____

Website:

Can we link your website to the Southwest District Key Club Website? Yes No

If yes, the Faculty Advisor must sign this form giving the Southwest District Key Club permission to link the club site to the district website.

Faculty Advisor's Printed Name: _____

Faculty Advisor's Signature: _____ Date: _____