



2011 – 2012
New York District Kiwanis
Distinguished Kiwanian



The ***Distinguished Kiwanian Program*** shall be that each New York District Kiwanian who satisfies six (6) of the following 10 (ten) criteria **including the 1st criteria** (*sponsoring one (1) new member or bringing back a former Kiwanian*) between 10/1/2011 and 9/30/2012 shall be awarded a Distinguished Kiwanian Pin, a certificate and have his/her name listed on the New York District web site.

Kiwanian's Name _____ **Club:** _____

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REQUIRED: Sponsor one (1) new member
(or a former member with a lapse of more than one year)

Date Joined: _____ Name: _____

<p style="text-align: center;">2</p> <p style="text-align: center;">Work on two (2) Club Committees</p> <p>Date: _____</p>	<p style="text-align: center;">3</p> <p style="text-align: center;">Attend or Participate in a Sponsored Leadership Program (SLP) Activity</p> <p>Date: _____</p>	<p style="text-align: center;">4</p> <p style="text-align: center;">Participate in the Governor's Project or the First Lady's Project</p> <p>Date: _____</p>
<p style="text-align: center;">5</p> <p style="text-align: center;">Support Kamp Kiwanis® Financially, Donate items from their "Wish List" or attend the Kamp Clean-up Day</p> <p>Date: _____</p>	<p style="text-align: center;">6</p> <p style="text-align: center;">Support the Kiwanis International Foundation's EIiMiNaTe Project</p> <p>Date: _____</p>	<p style="text-align: center;">7</p> <p style="text-align: center;">Support the Kiwanis International Foundation or NYD Kiwanis Foundation</p> <p>Date: _____</p>
<p style="text-align: center;">8</p> <p style="text-align: center;">Attend the Governor's Official Visit to your Division</p> <p>Date: _____</p>	<p style="text-align: center;">9</p> <p style="text-align: center;">Attend one (1) Interclub or one (1) Division Council Meeting</p> <p>Date: _____</p>	<p style="text-align: center;">10</p> <p style="text-align: center;">Participate in one (1) Young Children Priority One service project or support your local Children's Hospital or KPTC</p> <p>Date: _____</p>

We Certify that the above named Kiwanian has completed all activities as noted.

Club President: _____ Club Secretary: _____

**Return this form to New York District Office, Secretary Justin Underwood,
91 Jewel Street, Rochester, New York 14621-3158
(F) 585-467-1048 e-mail: districtoffice@kiwanis-ny.org**