

Kiwanis Membership Information



Full Name _____ Nickname _____ Gender _____

Home Address _____
 City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Spouse/Partner Name _____

Company Name _____ Title _____

Business Address _____
 City _____ State/Province _____ Zip/Postal Code _____

Business Phone _____ Fax Number _____ E-Mail Address _____

Send Kiwanis mail to: Home Work

If you are a former Kiwanian: Club Name _____ Date Left (mo/day/yr) _____

Length of Membership _____ If you are a life member, life member # _____

Date of Birth: _____
 (mo/day/yr)

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor.

Committee Preference

- Club Administration
- Community Service

Date: _____
 (mo/day/yr)

Applicant Signature: _____

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
Codes	Codes	Codes
1 <input type="checkbox"/> Banking/Finance	N. <input type="checkbox"/> Elected	A. <input type="checkbox"/> Grade School
3 <input type="checkbox"/> Comm/Media	O. <input type="checkbox"/> Management	B. <input type="checkbox"/> High School
5 <input type="checkbox"/> Construction	P. <input type="checkbox"/> Partner/Owner	C. <input type="checkbox"/> Tech. Business School
7 <input type="checkbox"/> Education	Q. <input type="checkbox"/> Professional	D. <input type="checkbox"/> Assoc. Degree (2 yrs.)
9 <input type="checkbox"/> Government	R. <input type="checkbox"/> Sales	E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.)
11 <input type="checkbox"/> Legal	S. <input type="checkbox"/> Supervision	F. <input type="checkbox"/> Master's Degree
13 <input type="checkbox"/> Manufact.(Heavy)	T. <input type="checkbox"/> Technical	G. <input type="checkbox"/> Grad. Prof. Degree
15 <input type="checkbox"/> Manufact.(Light)	V. <input type="checkbox"/> Retired	
17 <input type="checkbox"/> Medical	X. <input type="checkbox"/> Other	
19 <input type="checkbox"/> Nonprofit		
21 <input type="checkbox"/> Real Estate		
23 <input type="checkbox"/> Religion		
25 <input type="checkbox"/> Retail		
27 <input type="checkbox"/> Transportation		
29 <input type="checkbox"/> Wholesale		
94 <input type="checkbox"/> Other		

Note: For membership statistics only. Kiwanis International does not provide its membership information to third parties.

Receipt

Date _____
 (mo/day/yr)

Received of _____ \$ _____ Cash or Check

For _____



Received by _____

New Member Sponsor:

To the Board of Directors of the Kiwanis Club of _____

I take pride in proposing _____

as an active member of the club and have confidence that this individual will become a valuable member.

Date: _____
(mo/day/yr)

Sponsor Name: _____

Sponsor Signature: _____ Additional Club Member: _____

Recommended by Membership Committee:

Date: _____
(mo/day/yr)

Chairman Signature: _____

Membership Class: _____ Suggested Classification: _____

Elected to Membership by Board of Directors:

Date: _____
(mo/day/yr)

Secretary Signature: _____

Member Accomplishments:

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____
