

## 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
<b>Codes</b> 1 <input type="checkbox"/> Banking/Finance 3 <input type="checkbox"/> Comm/Media 5 <input type="checkbox"/> Construction 7 <input type="checkbox"/> Education 9 <input type="checkbox"/> Government 11 <input type="checkbox"/> Legal 13 <input type="checkbox"/> Manufact.(Heavy) 15 <input type="checkbox"/> Manufact.(Light)	<b>Codes</b> 17 <input type="checkbox"/> Medical 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	<b>Codes</b> N. <input type="checkbox"/> Elected O. <input type="checkbox"/> Management P. <input type="checkbox"/> Partner/Owner Q. <input type="checkbox"/> Professional R. <input type="checkbox"/> Sales S. <input type="checkbox"/> Supervision T. <input type="checkbox"/> Technical V. <input type="checkbox"/> Retired X. <input type="checkbox"/> Other
		<b>Codes</b> A. <input type="checkbox"/> Grade School B. <input type="checkbox"/> High School C. <input type="checkbox"/> Tech. Business School D. <input type="checkbox"/> Assoc. Degree (2 yrs.) E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.) F. <input type="checkbox"/> Master's Degree G. <input type="checkbox"/> Grad. Prof. Degree

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: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_  
(mo/day/yr)

Sponsor Signature: \_\_\_\_\_ Additional Club Member: \_\_\_\_\_

### Recommended by Membership Committee:

Date: \_\_\_\_\_ Chairman Signature: \_\_\_\_\_  
(mo/day/yr)

Membership Class: \_\_\_\_\_ Suggested Classification: \_\_\_\_\_

### Elected to Membership by Board of Directors:

Date: \_\_\_\_\_ Secretary Signature: \_\_\_\_\_  
(mo/day/yr)

### Member Accomplishments:

Total Years of Perfect Attendance \_\_\_\_\_

Offices Held: \_\_\_\_\_

Awards: \_\_\_\_\_

\_\_\_\_\_

