

KIWANIS MEMBERSHIP INFORMATION



Serving the
Children
of the World

Full Name _____ Nickname _____ Gender _____

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

Home Phone _____ Spouse's 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: _____ Applicant Signature: _____
(mo/day/yr)

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