

KIWANIS MEMBERSHIP INFORMATION



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.

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 _____

ew Member Sponsor

I, the Board of Directors of the Kiwanis Club of _____
do hereby pride in proposing _____
an active member of the club and have confidence that this individual will become a valuable member.

(mo/day/yr) Sponsor Name: _____
Sponsor Signature: _____ Additional Club Member: _____

Recommended by Membership Committee

(mo/day/yr) Chairman Signature: _____
Membership Class: _____ Suggested Classification: _____

Selected to Membership by Board of Directors

(mo/day/yr) Secretary Signature: _____

Member Accomplishments

Years of Perfect Attendance: _____
Offices Held: _____
Awards: _____
