**KIWANIS CLUB OF NASHVILLE**

P.O. Box 22908 • Nashville, TN 37202-2908

615.391.0123

NashvilleKiwanis@yahoo.com • www.nashvillekiwanis.org

**Application for Membership**

Date Sponsor(s)

Name Nickname

Home Address

Street City ST Zip

Home Phone Mobile Phone

Business Name

Business Address

Street City ST Zip

Business Phone Fax

E-mail(s) Type of Business

Your Title Years with Business

Where do you prefer Kiwanis mail sent? \_\_ Home \_\_ Business

Preferred phone: \_\_ Home \_\_ Mobile \_\_ Business

Membership category: \_\_ Active \_\_ Corporate \_\_ Associate \_\_ Honorary

Check one block per category:

**Primary Employment** **Job Classification** **Education Attained (highest level)**

\_\_ Banking/Finance \_\_ Medical \_\_ Elected \_\_ Grade School

\_\_ Communications/Media \_\_ Nonprofit \_\_ Management \_\_ High School

\_\_ Construction \_\_ Real Estate \_\_ Partner/Owner \_\_ Technical/Business School

\_\_ Education \_\_ Religion \_\_ Professional \_\_ Associate Degree (2 years)

\_\_ Government \_\_ Retail \_\_ Sales \_\_ Baccalaureate Degree

\_\_ Legal \_\_ Transportation \_\_ Supervision \_\_ Master’s Degree

\_\_ Manufacturing (Heavy) \_\_ Wholesale \_\_ Technical \_\_ Graduate/Professional Degree

\_\_ Manufacturing (Light) \_\_ Other \_\_ Retired

\_\_ Other

Are you a former Kiwanian? \_\_ Yes \_\_ No

Are you a former Key Club or Circle K member? \_\_ Yes \_\_ No

Name of Club Date left

Length of Membership Life Member #, if applicable

Name Kiwanians you know

Length of time in Nashville

Education – Secondary

College

Post-graduate

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Mo / Day / Yr

Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Birthday \_\_\_\_\_\_\_\_ Anniversary \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mo / Day / Yr Mo / Day / Yr

Children: First names & ages:

Social Media IDs: Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Google+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FaceBook \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Twitter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LinkedIn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pinterest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Memberships: civic, professional, social:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you consider the most important need(s) of our community now?

Please tell us why you are interested in joining our Club.

As a member of the Kiwanis Club of Nashville, I, , understand that I am expected to attend Friday meetings on a regular basis and participate in at least one (1) volunteer committee (activity) per year. Further, I understand that I am personally responsible for the payment of quarterly dues, due upon invoice receipt and paid in advance of the quarter. Quarterly dues, which include the cost of member lunch on Fridays, must be paid regardless of attendance. Failure to pay quarterly dues within the quarter due may result in suspension of membership. If it is necessary to take a leave of absence or terminate my membership, I will notify the Board immediately in writing so it may act upon my request. Until the Board takes action, I realize that I am responsible for my quarterly dues.

Signature

Please email the completed application with credit card information to NashvilleKiwanis@yahoo.com or mail the completed and signed application with a check made payable to Kiwanis Club of Nashville to the address on the front of the application. The initial application fee is $125 and the quarterly dues is $300 including all Friday lunches. If you are under the age of 35, over the age of 65, or a staff member of a non-profit organization, the Associate membership is available (if preferred) for $60 plus the cost of each Friday lunch attended (the $125 initial fee still applies). (Quarterly dues payment will be prorated and applied against the days remaining in the quarter with the balance carried forward as a credit against the next quarter’s dues.)

Above fees may be charged: Visa\_\_\_\_ MasterCard\_\_\_\_ American Express \_\_\_\_ Discover \_\_\_\_

Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_ 3/4-digit code\_\_\_\_\_\_

Address card is billed to (incl. zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize ongoing billing of my account to this credit card Yes\_\_ No\_\_ Initials\_\_\_\_\_\_\_\_\_\_\_\_\_