

# New Member Information Form

Type of Membership  
 Personal  Corporate



Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Company name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  

STREET
CITY
STATE
ZIP/POSTAL CODE

Home Address \_\_\_\_\_  

STREET
CITY
STATE
ZIP/POSTAL CODE

Business Phone ( \_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_ ) \_\_\_\_\_

email: \_\_\_\_\_

Send Kiwanis Mail to: Work  Home  Primary Phone Preference: Work  Cell  Home

If you are a former Kiwanian: Club Name \_\_\_\_\_ Date Left \_\_\_\_\_  
(MO/DAY/YEAR)

Length of Membership \_\_\_\_\_ If you are a life member, Life member # \_\_\_\_\_

CHECK ONE BOX PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
Codes 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)	Codes 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	Codes 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
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	Codes 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	Codes 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.

### Committee Interests:

Camp Patterson  Fundraising  Human & Spiritual Values  Kiwanis Holiday Lights  Membership  Public Relations   
 Scholarship  Service  Service Leadership Programs (youth)  Thunder of Drums  Young Children Priority

Date of Birth: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_  
(MO/DAY/YEAR)

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/YEAR)

## New Member Sponsor

To the Board of Directors of the Kiwanis Club of Mankato (Downtown), 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 (please print): \_\_\_\_\_  
(MO/DAY/YEAR)

Sponsor Signature: \_\_\_\_\_