

# New Member Information Form



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>                                 |  |  | <b>Codes</b>                              |  | <b>Codes</b>  |
| 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 \_\_\_\_\_