



Kiwanis
CLUB OF GLENDALE

MEMBERSHIP APPLICATION 2021-2022

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell (____) _____ Business (____) _____

Company Name _____ Title _____

Business Address _____

& Street _____ City _____ State _____ Zip _____

E-Mail Address(s) _____

Send Kiwanis mail to: ☐ Home ☐ Work Date of Birth: ____/____/____

Spouse/Partner Name _____ Wedding Anniversary Date: ____/____/____
(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.

College/University Attended _____

Is spouse a Kiwanian? ☐ Yes ☐ No If yes, Club Name _____ Member ID Number _____

Are you a former member of ☐ Kiwanis ☐ Key Club ☐ Circle K ☐ Aktion Club ☐ K-Kids ☐ Builders Club

Club Name _____ Former ID Number _____

Date Joined (mo/day/yr) ____/____/____ Date Left (mo/day/yr) ____/____/____ Life Member # _____

Kiwanis Honors (Hixson/Legion of Honor/Zeller/Dunlap, etc.) _____

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 and the Membership Committee Chairperson.

Date: ____/____/____ Applicant Signature: _____
(Mo/day/yr)

Sponsor Name: _____ Additional Club Member (optional): _____

Date (mo/day/yr): ____/____/____ Sponsor Signature: _____

IF MAILING THIS FORM PLEASE SEND IT TO: KIWANIS CLUB OF GLENDALE, P.O. BOX 10545, GLENDALE, CA 91209-3545

Memberships are approved by the Board monthly. Dues are payable by check to Kiwanis Club of Glendale or by credit card: AmEx, MC, Visa accepted. New Members pay annual dues of \$290 (or a prorated amount based on month of joining) so please check with the Club Secretary for the prorated amount. The Kiwanis Year runs 10/1 - 9/30 and dues are prorated based on the month membership processed. For online payment ask the Club Secretary for an E-Voice. Payment plans may be available.

Recommended by Membership Committee: _____ Date (mo/day/yr): ____/____/____ Chairman Signature: _____

Elected to Membership by Board of Directors: _____ Date (mo/day/yr): ____/____/____ Secretary Signature: _____