

# KIWANIS CLUB OF GLENDALE

## MEMBERSHIP APPLICATION 2015-2016



Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Spouse/Partner Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo/day/yr) (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 and the Membership Committee Chairperson.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature: \_\_\_\_\_  
 (Mo/day/yr)

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
<b>Codes</b> 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)	<b>Codes</b> 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	<b>Codes</b> 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
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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.) \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Additional Club Member: \_\_\_\_\_

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 -**

*Payment payable to Kiwanis Club of Glendale (credit card: AmEx, MC, Visa accepted) = \$100.00 fee (one-time) plus annual dues of \$280, prorated so please check with Club Secretary for amount. The Kiwanis Year runs 10/1 - 9/30 and dues will be prorated based on the month membership processed.*

Recommended by Membership Committee: \_\_\_\_\_ Date (mo/day/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ Chairman Signature: \_\_\_\_\_

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