

Kiwanis Club of Monterey K01533

45 West Garzas Rd, Carmel Valley, CA 93924

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Membership Application

First name _____ Initial ____ Last name _____ Suffix _____

Nickname _____ Birth month and date _____ (not year)

Mailing address _____

City & Zip _____

Email address _____

Office phone _____ Cell phone _____ Home phone _____

Occupation _____

Significant Other _____

Reminder: Application fees must accompany this application. See fee schedule.

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Sponsor _____

Receipt of fees/dues: Amount _____ Received _____ Secy _____

Elected to Membership by Board of Directors: Date _____ Secy _____

Orientation Date _____ Chair _____

Inducted: Date _____ Secy _____
