

Kiwanis Membership Information

Kiwanis Club of Mason, Ohio

Key No. 04571

Name _____ Nickname _____ Gender _____

Home Address _____

Home Phone _____ E-Mail Address _____

Company Name _____ Title _____

Business Address _____

Business Phone _____ Cell Phone _____

Note: For membership statistics only. Mason Kiwanis and Kiwanis International does not provide membership information to third parties.

CHECK ONE BLOCK PER CATEGORY			
PRIMARY EMPLOYMENT		JOB CLASSIFICATION	EDUCATION ATTAINED
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"/> Associate Degree (2 yr)
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"/> Manufacturing (Heavy)	29 <input type="checkbox"/> Wholesale	T <input type="checkbox"/> Technical	G <input type="checkbox"/> Grad Prof. Degree
15 <input type="checkbox"/> Manufacturing (Light)	94 <input type="checkbox"/> Other	V <input type="checkbox"/> Retired	
		X <input type="checkbox"/> Other	

Send Kiwanis mail to: Home Work

Are you a former Kiwanian? Club Name _____ Date Left _____

Length of membership _____ Membership # _____

Are you a Life Member? Club Club Life Member # _____

Committee Preferences: Club Administration (Meetings, Programs, Public Relations, Interclubs, Membership Growth)

Community Service
(Young Children-Priority One, Youth Services, Human & Spiritual Aims, Community Service)

Fundraising (Golf Outing, Pancake Day, Other)

Personal Information (for local club use only)

Your Birth Date _____

Spouse's Name/Nickname _____ Birthday _____ Anniversary _____
month/day only month/day only

First Names & Ages of Children _____

Membership in business/professional organizations _____

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 _____

Please complete the Kiwanis Membership Profile section on the top of page 2.

Kiwanis Membership Profile

What do you see as the most important needs of this community? _____

What is it about Kiwanis that most interests you? _____

Summarize your involvement in other community organizations (clubs, churches, school groups. Include leadership roles. _____

Please provide a reference we can contact:

Name _____ Phone _____

Address _____

How do you know this person? _____ Email _____

Sponsor Section

How do you know the applicant? _____

Tell us why you think this person would be a good Kiwanis member. _____

Committee recommendations: _____

To the Board of Directors of the Kiwanis Club of Mason Ohio, I take pride in proposing _____ as a member of the club. As a sponsor, I will do my part to mentor this person, encouraging them to become an active and contributing member .

Date: _____ Sponsor Signature _____

Additional Club Member Endorsement _____
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Application Approved

Date _____ Secretary Signature _____

Kiwanis Education Completed

Date _____ Membership Chair Signature _____

Kiwanis Induction Date of Induction _____

Termination Information

Date _____ Reason for termination _____

