



## 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 \_\_\_\_\_ Email 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>					
1 <input type="checkbox"/> Banking/Finance	17 <input type="checkbox"/> Medical	N. <input type="checkbox"/> Elected	O. <input type="checkbox"/> Management		A. <input type="checkbox"/> Grade School
3 <input type="checkbox"/> Comm/Media	19 <input type="checkbox"/> Nonprofit	P. <input type="checkbox"/> Partner/Owner	Q. <input type="checkbox"/> Professional		B. <input type="checkbox"/> High School
5 <input type="checkbox"/> Construction	21 <input type="checkbox"/> Real Estate	R. <input type="checkbox"/> Sales	S. <input type="checkbox"/> Supervision		C. <input type="checkbox"/> Tech. Business School
7 <input type="checkbox"/> Education	23 <input type="checkbox"/> Religion	T. <input type="checkbox"/> Technical	V. <input type="checkbox"/> Retired		D. <input type="checkbox"/> Assoc. Degree (2 yrs.)
9 <input type="checkbox"/> Government	25 <input type="checkbox"/> Retail	X. <input type="checkbox"/> Other	W. <input type="checkbox"/> Wholesale		E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.)
11 <input type="checkbox"/> Legal	27 <input type="checkbox"/> Transportation		Y. <input type="checkbox"/> Other		F. <input type="checkbox"/> Master's Degree
13 <input type="checkbox"/> Manufact.(Heavy)	29 <input type="checkbox"/> Wholesale				G. <input type="checkbox"/> Grad. Prof. Degree
15 <input type="checkbox"/> Manufact.(Light)	94 <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 \_\_\_\_\_

## **New Member Sponsor**

To the Board of Directors of the Kiwanis Club of \_\_\_\_\_,

I take pride in proposing \_\_\_\_\_,

as an active member of the club and have confidence that this individual will become a valuable member.

Date: \_\_\_\_\_  
(mo/day/yr)

Sponsor Name: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Additional Club Member: \_\_\_\_\_

## **Recommended by membership committee**

Date: \_\_\_\_\_  
(mo/day/yr)

Chairman signature: \_\_\_\_\_

## **Elected to membership by Board of Directors**

Date: \_\_\_\_\_  
(mo/day/yr)

Secretary signature: \_\_\_\_\_