

KIWANIS CLUB OF CAREFREE, ARIZONA
P. O. Box 1498, Carefree, Arizona 85377
Membership Application Form
Please fill form completely – Please Print clearly

LAST NAME		SUFFIX	FIRST NAME		MIDDLE INITIAL	PREFIX
GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH	HOME PHONE		PREFERRED EMAIL ADDRESS		
HOME MAILING ADDRESS		CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE	
BUSINESS NAME		TITLE/POSITION		BUSINESS ADDRESS		
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE	CELL PHONE NUMBER	BUSINESS PHONE	
SPOUSE NAME	IS SPOUSE A MEMBER YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, CLUB NAME		KEY NUMBER	MEMBER ID NUMBER

PRIMARY EMPLOYMENT Codes

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 1 Banking/Finance | <input type="checkbox"/> 11 Legal | <input type="checkbox"/> 21 Real Estate | <input type="checkbox"/> 31 Agriculture |
| <input type="checkbox"/> 3 Communications/Media | <input type="checkbox"/> 13 Manufacturing (Heavy) | <input type="checkbox"/> 23 Religion | <input type="checkbox"/> 94 Other _____ |
| <input type="checkbox"/> 5 Construction | <input type="checkbox"/> 15 Manufacturing (Light) | <input type="checkbox"/> 25 Retail | |
| <input type="checkbox"/> 7 Education | <input type="checkbox"/> 17 Medical | <input type="checkbox"/> 27 Transportation | |
| <input type="checkbox"/> 9 Government | <input type="checkbox"/> 19 Nonprofit | <input type="checkbox"/> 29 Wholesale | |

JOB CLASSIFICATION Codes

- | | |
|--|--|
| <input type="checkbox"/> N Elected | <input type="checkbox"/> S Supervision |
| <input type="checkbox"/> O Management | <input type="checkbox"/> T Technical |
| <input type="checkbox"/> P Partner/Owner | <input type="checkbox"/> V Retired/ |
| <input type="checkbox"/> Q Professional | <input type="checkbox"/> X Other |
| <input type="checkbox"/> R Sales | _____ |

EDUCATION ATTAINED Codes

- | | |
|---|---|
| <input type="checkbox"/> A Grade School | <input type="checkbox"/> F Master's Degree |
| <input type="checkbox"/> B High School | <input type="checkbox"/> G Graduate Professional Degree |
| <input type="checkbox"/> C Technical/Business School | <input type="checkbox"/> H College/University Attended |
| <input type="checkbox"/> D Associates Degree (2 yrs) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> E Baccalaureate Degree (4 yrs) | |

PLEASE NOTE: FOR MEMBERSHIP STATISTICS ONLY. KIWANIS INTERNATIONAL DOES NOT PROVIDE MEMBERSHIP INFORMATION TO THIRD PARTIES
If you are a former member Kiwanis Key Club Kiwanis Junior Circle K Aktion Club K-Kids Builders Club

Club Name _____ Former ID Number _____

Date Joined _____ Date Left _____

New Member Sponsored by: _____

New Member – Signature _____

Date _____



