Kiwanis
Delray Beach Sunrise

New Member Application & Information Form

Full Name_____ Nickname_____ Gender_____ Date of Birth_____

Home Address _____ City_____ St_____ Zip_____

Home Phone_____ Cell Phone _____

Spouse/Partner Name_____ Their Date of Birth_____ Anniversary Date _____

If Working,
Company Name_____Title_____

Business Address_____ City_____ St_____ Zip_____

Business Phone_____ Fax Number_____

Send Kiwanis mail to: Home☐ Work☐

Preferred Email Address_____

If you are a former Kiwanian: Club Name_____ Date Left (mo/day/yr) _____

Length of Membership_____ If you are a life member, life member #_____

Committee Preference:

☐ Club Administration

☐ Community Service

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 provide a short biography (i.e. where you were born and raised, children, education, hobbies, accomplishments, what you do for fun, etc.). Please attach a separate sheet if needed:

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Please return to your sponsor or to Scott Youngberg at esysy@att.net

Thank you. We look forward to a long and lasting friendship.