

KIWANIS MEMBERSHIP APPLICATION



Serving the
Children
of the World



Applicant Information

Full Name _____ Nickname _____ Gender _____

Home Address _____
City _____ State _____ Zip _____

Home Phone _____ Spouse's Name _____

Company Name _____ Title _____

Business Address _____
City _____ State _____ Zip _____

Business Phone _____ Fax Number _____ E-Mail 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: _____

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: _____

Applicant Signature: _____

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
Codes 1 <input type="checkbox"/> Banking/Finance 3 <input type="checkbox"/> Comm/Media 5 <input type="checkbox"/> Construction 7 <input type="checkbox"/> Education 9 <input type="checkbox"/> Government 11 <input type="checkbox"/> Legal 13 <input type="checkbox"/> Manufact.(Heavy) 15 <input type="checkbox"/> Manufact.(Light)	Codes 17 <input type="checkbox"/> Medical 19 <input type="checkbox"/> Non-profit 21 <input type="checkbox"/> Real Estate 23 <input type="checkbox"/> Religion 25 <input type="checkbox"/> Retail 27 <input type="checkbox"/> Transportation 29 <input type="checkbox"/> Wholesale 94 <input type="checkbox"/> Other	Codes N. <input type="checkbox"/> Elected O. <input type="checkbox"/> Management P. <input type="checkbox"/> Partner/Owner Q. <input type="checkbox"/> Professional R. <input type="checkbox"/> Sales S. <input type="checkbox"/> Supervision T. <input type="checkbox"/> Technical V. <input type="checkbox"/> Retired X. <input type="checkbox"/> Other
		Codes A. <input type="checkbox"/> Grade School B. <input type="checkbox"/> High School C. <input type="checkbox"/> Tech.Business School D. <input type="checkbox"/> Assoc. Degree (2 yrs.) E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.) F. <input type="checkbox"/> Masters Degree G. <input type="checkbox"/> Grad. Prof. Degree

Note: For membership statistics only. Kiwanis International does not provide it's membership information to third parties.

Receipt

Date _____

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: _____ Sponsor Name: _____

Sponsor Signature: _____ Additional Club Member: _____

Recommended by Membership Committee

Date: _____ Chairman Signature: _____

Membership Class: _____ Suggested Classification: _____

Elected to Membership by Board of Directors

Date: _____ Secretary Signature: _____

Member Accomplishments

Total Years of Perfect Attendance _____

Offices Held _____

Awards: _____
