New Member Information Form

Kiwanis International

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

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 _____

SERVING THE CHILDREN OF THE WORLD

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: _____

Membership Class: _____ Suggested Classification: _____

Elected to Membership by Board of Directors

Date: _____ (mo/day/yr) Secretary Signature: _____

Member Accomplishments

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____

_____