

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 _____

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: _____
(mo/day/yr)
Sponsor Signature: _____ Additional Club Member: _____

Recommended by Membership Committee

Date: _____ Chairman Signature: _____
(mo/day/yr)
Membership Class: _____ Suggested Classification: _____

Elected to Membership by Board of Directors

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

Member Accomplishments

Total Years of Perfect Attendance _____
Offices Held: _____
Awards: _____
