



Kiwaniis®

Kiwaniis of Port Orchard

PO Box 433 Port Orchard, WA 98366-0433

JOIN THE CLUB! Fill out the form and start making an impact on children's lives!

Full Name _____ Nickname _____ Gender _____

Date of Birth _____ Spouse/Partner Name _____

Primary Address _____

City _____ State/Province _____ Postal Code _____

Preferred Phone _____ () Cell () Home () Work

Email _____

Joining as: () Member () Corporate Member: Company name _____

By providing my email address, I recognize that I am opting to receiving regular communication from Kiwanis International. Initial _____ Date _____

Member Sponsor Name _____ Member ID _____

Committee Preference: () Programs () Service & Fundraising () Membership
() Financial Review () Other _____

Are you a former Kiwanian? () Yes () No

Are you a former K-Kids, Builders Club, Key Club or CKI Member? () Yes () No

If yes, club name(s) _____

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of membership.

Applicant Signature _____ Date _____

For Kiwanis Use Only

Receipt

New Member Name _____

() Cash () Check Amount \$ _____ Received by _____