



MEMBERSHIP APPLICATION

Full Name _____
 First MI Last

Nickname (if applicable) _____ Gender F ___ M ___

Home Address _____
 Street City Zip

Home Phone _____ Cell Phone _____

E-mail Address _____

Business Name (if applicable) _____

Business Address _____

Business Phone _____

Date of Birth ____ / ____ / ____

Spouse Name (if applicable) _____

Is Spouse a member? Yes ___ No ___ If yes, Club Name _____

Wedding Anniversary Date (if applicable) ____ / ____ / ____

Interests / Hobbies _____

Preferred Name to be on Kiwanis Badge _____

Occupation to be listed on Kiwanis Badge _____

Kiwanis Sponsor Name _____

If you are a former Kiwanian:

Former Club Name _____ Date Left ____ / ____ / ____

Length of Membership _____

I accept this application for membership and agree to conform to the by-laws of this club and comply with the obligations of membership explained to me by my Sponsor and the Membership Committee Chairperson.

 Applicant Signature

 Date

For Office Use Only

Key # K _____

Received of _____ \$ _____ Cash ___ Check ___

Received by _____ Date ____ / ____ / ____