



Kiwanis[®] KALAMAZOO

New-Member Application

Full name _____ Gender _____ Date of Birth (mo/day/yr) _____

Home address _____
City State/Province Zip/Postal Code

Home/Cell Phone _____ Spouse/ Partner name _____

Company name _____ Title _____

Business address _____
City State/Province Zip/Postal Code

Business phone _____ Fax number _____ Email 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 # _____

Committee Preference

- Board of Directors
- Community Service
- Fund Raising
- Marketing
- Membership
- Programs
- Social

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
Codes 1 <input type="checkbox"/> Banking/Finance 17 <input type="checkbox"/> Medical 3 <input type="checkbox"/> Communic/Media 19 <input type="checkbox"/> Nonprofit 5 <input type="checkbox"/> Construction 21 <input type="checkbox"/> Real Estate 7 <input type="checkbox"/> Education 23 <input type="checkbox"/> Religion 9 <input type="checkbox"/> Government 25 <input type="checkbox"/> Retail 11 <input type="checkbox"/> Legal 27 <input type="checkbox"/> Transportation 13 <input type="checkbox"/> Manufact.(Heavy) 29 <input type="checkbox"/> Wholesale 15 <input type="checkbox"/> Manufact.(Light) 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"/> Master's Degree G. <input type="checkbox"/> Grad. Prof. Degree

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

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 sponsorship. In the U.S., US \$8 of members' annual dues and fees is applied to a Kiwanis Magazine subscription.

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

Your First Year Membership Fee is FREE!

If you are a new or returning member in good status, the Kiwanis Club of Kalamazoo will sponsor your membership fees for one year. Please choose your fee option below which will begin in your second year. You may change your fee option at any time.

Choose from Two Annual Member Fee Options:

OPTION 1:

Pay \$800.00/year - billed quarterly \$200.
Payment for lunches is included with this option.

International dues:	\$52.00
Michigan District dues:	44.00
Kiwanis magazine	8.00
Liability + Directors Insurance	22.00
Club Administration fees + meals	674.00
Grand Total:	\$800.00

OPTION 2:

Pay \$210/year - billed semi-annually \$105.
\$15.00/lunch paid at the door each meeting attended.

International dues:	\$52.00
Michigan District dues:	44.00
Kiwanis magazine	8.00
Liability + Directors Insurance	22.00
Club Administrative Fees:	84.00
Grand Total:	\$210.00

I choose: Option 1 Option 2

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: _____

Elected to membership by Board of Directors

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