

New Member Application & Information Form

Full Name	Nickname	Gender Date of	Birth
Home Address	City	St	Zip
Home Phone	Cell Phone		
Spouse/Partner Name	Their Date of Birth	Anniversary	/ Date
If Working, Company Name		Title	
Business Address	City		St Zip
Business Phone	Fax Number	r	
Send Kiwanis mail to: Home	e □ Work □		
Preferred Email Address			
If you are a former Kiwaniar	n: Club Name	Date Left (mo/day/yr)
Length of Memb	pership If you are a life mem	nber, life member #	
☐ Club Administration ☐ Thanksgiving ☐ Police Appreciation ☐ Fund Raising-General ☐ Delray Affair ☐ Golf Tournament ☐ Membership ☐ Newsletter/Website ☐ Publicity/Social Media ☐ Meeting Programs ☐ Social Activities ☐ Youth Services ☐ Key Club Liaisons ☐ ————————————————————————————————————	I accept this application for member this club and comply with the obligation my sponsor. Date: Applicant Please Note: There is a non-refundances this application. (The fee reported a short biography (i.e. where education, hobbies, accomplishments, where Please attach a separate sheet if needed.)	ations of membership Signature: Signature: Splice \$100 Application Oresents an advanced potential and what you were born and what you do for fun, etc.	Fee required to ayment of dues/fees)

Please return to your sponsor or to Scott Youngberg at esysy@att.net

Thank you. We look forward to a long and lasting friendship. Form date: 5-8-24