



Kiwanis®

KIWANIS CLUB OF KINDNESS

MEMBERSHIP APPLICATION – Revised 2/13/2025

Full Name _____ Nickname _____ M _____ F _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell (____) _____ Business (____) _____

Company Name _____ Title _____

Business Address _____

& Street _____ City _____ State _____ Zip _____

E-Mail Address(s) _____

Send Kiwanis mail to: ☐ Home ☐ Work Date of Birth: ____/____/____ Birthplace: _____

Spouse/Partner Name _____ Spouse/Partner Birthdate ____/____/____ Anniversary Date: ____/____/____

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 and the Membership Committee Chairperson.

Date: ____/____/____ Applicant Signature: _____
(Mo/day/yr)

CHECK ONE BLOCK PER CATEGORY					
PRIMARY EMPLOYMENT			JOB CLASSIFICATION		EDUCATION ATTAINED
Codes			Codes		Codes
1 <input type="checkbox"/> Banking/Finance	17 <input type="checkbox"/> Medical		N. <input type="checkbox"/> Elected		A. <input type="checkbox"/> Grade School
3 <input type="checkbox"/> Comm/Media	19 <input type="checkbox"/> Nonprofit		O. <input type="checkbox"/> Management		B. <input type="checkbox"/> High School
5 <input type="checkbox"/> Construction	21 <input type="checkbox"/> Real Estate		P. <input type="checkbox"/> Partner/Owner		C. <input type="checkbox"/> Tech. Business School
7 <input type="checkbox"/> Education	23 <input type="checkbox"/> Religion		Q. <input type="checkbox"/> Professional		D. <input type="checkbox"/> Assoc. Degree (2 yrs.)
9 <input type="checkbox"/> Government	25 <input type="checkbox"/> Retail		R. <input type="checkbox"/> Sales		E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.)
11 <input type="checkbox"/> Legal	27 <input type="checkbox"/> Transportation		S. <input type="checkbox"/> Supervision		F. <input type="checkbox"/> Master's Degree
13 <input type="checkbox"/> Manufact.(Heavy)	29 <input type="checkbox"/> Wholesale		T. <input type="checkbox"/> Technical		G. <input type="checkbox"/> Grad. Prof. Degree
15 <input type="checkbox"/> Manufact.(Light)	94 <input type="checkbox"/> Other		V. <input type="checkbox"/> Retired		
			X. <input type="checkbox"/> Other		

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

College/University Attended _____

Is spouse a Kiwanian? ☐ Yes ☐ No If yes, Club Name _____ Member ID Number _____

Are you a former member of ☐ Kiwanis ☐ Key Club ☐ Circle K ☐ Aktion Club ☐ K-Kids ☐ Builders Club

Club Name _____ Former ID Number _____

Date Joined (mo/day/yr) ____/____/____ Date Left (mo/day/yr) ____/____/____ Life Member # _____

Kiwanis Honors (Hixson/Legion of Honor/Zeller, etc.) _____

Sponsor Name: _____

Email this form to Kiwanis.Kindness.Club@gmail.com

IF MAILING THIS FORM PLEASE SEND IT TO: Kiwanis Club of Kindness, 7020 Stone Run Drive, Nashville, TN 37211-8535

The new member fee for Kiwanis dues, magazine and liability insurance is prorated at \$14.00 per month for the application month through September – please call 615-870-7040 for the specific amount. The subsequent annual dues is \$160.00 payable each October 1st.