

Kiwanis Literacy Club of Salinas

Post Office Box 1263, Salinas, CA 93902

kiwanis.literacy.salinas@gmail.com

Membership Application (please print)

First name _____ Initial _____ Last name _____

Nickname or preferred name _____ Birth month, day, year ____ , ____ , ____

Mailing address _____

City and Zip Code _____

Email address _____

Phone #: Office _____ Cell _____ Home _____

Occupation _____

Significant Other _____

Sponsor _____

REMINDER: Application fees must accompany this application. See fee schedule or ask your sponsor.

For Treasurer or Membership Chair use:

Receipt of fees/dues: Amount _____ Date received _____

Treasurer or Membership Chair signature _____

Elected to membership by board of directors: Date _____

Treasurer or Membership Chair signature _____