

# NEW MEMBER INFORMATION FORM

To help us support you, please provide the information below. We have clubs for every age and ability, but to become a member of Kiwanis you must be the legal age of adulthood in the state or country where the club is located.

## Member type\*

- New Kiwanis member    Former Kiwanis member    Current Kiwanis member    Transferring Kiwanis member  
 Honorary Kiwanis member    Corporate Kiwanis member    Former Service Leadership Program member

Former name (returning member whose name has changed) \_\_\_\_\_

## Why do you want to join? (check all that apply)

- To help kids    Community involvement    Business networking    To make friends    Leadership skills  
 Other \_\_\_\_\_

Sponsor name(s) \_\_\_\_\_

## Contact information

Prefix:  Mr.    Mrs.    Ms.    Dr.    Rev.    None    Other \_\_\_\_\_

Full legal name\* \_\_\_\_\_ Preferred \_\_\_\_\_  
LAST/FAMILY   FIRST/GIVEN   MIDDLE

Preferred mailing address\* \_\_\_\_\_  
STREET

\_\_\_\_\_  home    work  
CITY   STATE/PROVINCE   POSTAL CODE

Phone \_\_\_\_\_  home    work    cell

Email \_\_\_\_\_  home    work

## Background information

Spouse/Partner name \_\_\_\_\_

Number of children at home ages: 0-5 \_\_\_\_\_ 6-12 \_\_\_\_\_ 12-15 \_\_\_\_\_ 15-18 \_\_\_\_\_ 19-21 \_\_\_\_\_

Birthday MO./DAY/YEAR \_\_\_\_\_ Gender \_\_\_\_\_ Date joining club\* \_\_\_\_\_

Languages spoken \_\_\_\_\_

Corporate boards or community groups you serve with or on \_\_\_\_\_

Philanthropic interests or charities you donate to \_\_\_\_\_

Hobbies you enjoy \_\_\_\_\_

\*REQUIRED