



Kiwanis Club of Olympia
P. O. BOX 1847 OLYMPIA WA 98507-1847
www.olympiakiwanis.org

MEMBERSHIP APPLICATION FORM

NAME: _____ Birth: Mo/Day _____

E-Mail: _____ Cell Phone: _____

Mailing Addr: _____

City/Zip: _____

Employer: _____ Work Phone: _____

Position/Title _____

Kiwanis Sponsor/Recruited By: _____

Please check your area(s) of interest. Below are the Club committees/programs:

<input type="checkbox"/> Board of Directors or Officer	<input type="checkbox"/> Club History
<input type="checkbox"/> Communications	<input type="checkbox"/> Community Gardens
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Firewood Bank
<input type="checkbox"/> Fundraising	<input type="checkbox"/> House & Reception Committee
<input type="checkbox"/> Inter-club Relations	<input type="checkbox"/> Membership Growth and Education
<input type="checkbox"/> Program Committee	<input type="checkbox"/> Sponsored Youth - KEY Club, K-Club
<input type="checkbox"/> Support of Human & Spiritual Values	<input type="checkbox"/> Youth & Community Services

Details of each committee are available in club by laws, or ask your sponsor

I agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor.

Applicant Signature: _____ Date: _____

Return to: info@olympiakiwanis.org Subject: Member Application