

KIWANIS CLUB OF EAST AURORA

PO Box 712

East Aurora, NY 14052



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.

Contact Information

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ None ☐ Other _____

Full Name _____ Preferred _____
LAST FIRST MIDDLE

Mailing address _____
STREET

CITY STATE/PROVINCE POSTAL CODE ☐ home ☐ work

Home Phone _____ Cell Phone _____

Email _____ ☐ home ☐ work

Background Information

Spouse/Partner name: _____

Interests/Hobbies you enjoy: _____

Date of Birth: _____

Occupation/Employer: _____

How did you hear about East Aurora Kiwanis?

Sponsor Name(s): _____

Date: _____

By completing this application for membership, I agree to conform to the bylaws of the Kiwanis Club of East Aurora and comply with the obligations of membership as explained to me by my sponsor.

Signature _____ Date _____

Thank You and welcome to the Kiwanis Club of East Aurora!