



Kiwanis[®]

CLUB OF DAVIS

Membership Application

NAME: _____

NICKNAME: _____

HOME ADDRESS: _____

CITY / ZIP: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

FAX: _____

BUSINESS NAME: (optional): _____

BUSINESS TELEPHONE: _____

BUSINESS ADDRESS: _____

CITY / ZIP: _____

BUSINESS TITLE: _____

MAIL PREFERENCE: HOME BUSINESS

SPOUSE NAME: _____

CHILDREN (AGES)(optional): _____

BACKGROUND (education, work, etc.) _____

BIRTHDATE : _____

SPOUSE BIRTHDATE (optional): _____

MARRIAGE ANNIVERSARY DATE (if applicable) _____

KIWANIS SPONSOR NAME (if any): _____

FORMER KIWANIAN?: YES NO IF YES, NAME OF CLUB: _____

BUSINESS/PROFESSIONAL ORGANIZATIONS: _____

OTHER INTERESTS: _____

REASON(S) FOR WANTING TO JOIN: _____

WHAT DO YOU SEE AS THE MOST IMPORTANT NEEDS OF OUR COMMUNITY? _____

ANY INITIAL PREFERENCE FOR A FIRST COMMITTEE ASSIGNMENT? YES NO

CLUB ADMINISTRATION (Board meetings, Programs, Membership, Newsletter, etc.)

COMMUNITY SERVICE (Services to children, seniors, youth, adults, Solving community concerns, etc.)

DATE: _____

SIGNATURE: _____

Return this completed form to your sponsor or mail to address below.

Kiwanis Club of Davis P.O. Box 2122 Davis, CA 95617 Attn: Membership Chairperson