



KIWANIS CLUB OF AMERICAN CANYON
New Membership Application

Full Name _____ Gender: ___ M ___ F ___ Other

Home Address _____

City _____ State _____ Zip Code _____
Preferred Contact: ___ Phone/Text _____ Email _____

Please provide both forms of contact information. We use email to communicate, unless otherwise requested. By providing your email address, you are also opting-in to receive regular communication from Kiwanis International.

Date of Birth _____ Spouse/Partner Name _____

New Member ___ Current Member ___ Corporate Member ___ [Co. Name _____]

Returning Member ___ Former Service Leadership Program Member ___

Pay Annual Membership Dues \$185 ___ Alternate: Pay Quarterly at \$46.25/quarter ___

Make checks payable to: Kiwanis Club of American Canyon

Club Interests: Membership Expansion ___ Marketing/Social Media ___ Fund Raising ___
Scholarship/Community Grants ___ Food Pantry ___ Other _____

Please provide a brief bio in the space below:

Applicant Signature _____ Date _____

Club Member Sponsor _____ Date _____

Board Approval Date _____ Secretary Signature _____