



Charter Date: July 6, 1948

**The Kiwanis Club of South Edmonton
Application for Membership**

Individual _____ Corporate _____

Name: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Spouse / Partner: _____

Company / Firm: _____

Occupation / Title: _____

Business Phone: _____ Ext: _____ Cell: _____

E-Mail: _____ Personal: _____ Business: _____
(By providing my e-mail address, I opt to receive Kiwanis International information & updates)

Date of Birth: _____ **Anniversary:** _____
Month / Day / Year Month / Day / Year

If you are a former Kiwanian or Service Leadership Club Member:

Club / School Name: _____ City: _____

Date Left: _____ Length of Membership: _____ Life Member: _____

Why have you chosen to join the Kiwanis Club of South Edmonton?

How might your abilities and experiences best serve the Kiwanis Club of South Edmonton?

I accept this application for membership and agree to conform to the by-laws of this Kiwanis Club and comply with the obligations of membership as explained to me by my sponsor.

Date

Applicants Signature

Sponsors Name & Member ID