Corporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporation Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City Postal Code

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City Postal Code

Business Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 By providing my email address, I opt to receive Kiwanis International Information

Send Kiwanis mail to: Home Work

If you are a former Kiwanian: Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Left: (mo/day/yr) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Length of Membership \_\_\_\_\_\_\_\_\_\_\_\_\_ If you are a life Member, life member

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I accept this application for membership and agree to conform to the bylaws of this club and comply with the **(mo/day/year**) obligations of membership as explained to me by my sponsor.

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Applicant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate member representatives: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Preference: Club Administration Community Service

|  |  |  |
| --- | --- | --- |
|  | CHECK ONE BLOCK PER CATEGORY |  |
| PRIMARY EMPLOYMENT | JOB CLASSIFICATION | EDUCATION ATTAINED |
| * Banking/Finance
* Comm./Media
* Construction
* Education
* Government
* Legal
* Manufacturing. (Heavy)
* Manufacturing (Light)
* Medical
* Non Profit
* Real Estate
* Religion
* Retail
* Transportation
* Wholesale
* Other
 | * Elected
* Management
* Partner/Owner
* Professional
* Sales
* Supervision
* Technical
* Retired
* Other
 | * Elementary
* High School
* Technical/Business School
* Assoc. Degree (2 years)
* Baccalaureate Degree (4 years)
* Master’s Degree
* Grad. Prof. Degree
 |