

## New Member Information Form

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Kiwanis membership type: Personal  Corporate  (personal means your Kiwanis membership stays with you if you leave your company)

Send Kiwanis mail to: Home  Work

Spouse/Partner Name \_\_\_\_\_ Birth date \_\_\_\_\_ Wedding date \_\_\_\_\_

If you are a former Kiwanian: Club Name \_ Received by \_\_\_\_\_

\_\_\_\_\_ Date Left (mo/day/yr) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_  
(mo/day/yr)

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
(mo/day/yr)

Committee Type Preference

- Club Administration
- Fundraising
- Service

Sponsor: \_\_\_\_\_

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
<b>Codes</b> 1 <input type="checkbox"/> Banking/Finance    17 <input type="checkbox"/> Medical 3 <input type="checkbox"/> Comm/Media        19 <input type="checkbox"/> Nonprofit 5 <input type="checkbox"/> Construction        21 <input type="checkbox"/> Real Estate 7 <input type="checkbox"/> Education            23 <input type="checkbox"/> Religion 9 <input type="checkbox"/> Government         25 <input type="checkbox"/> Retail 11 <input type="checkbox"/> Legal                27 <input type="checkbox"/> Transportation 13 <input type="checkbox"/> Manufact.(Heavy)    29 <input type="checkbox"/> Wholesale 15 <input type="checkbox"/> Manufact.(Light)    94 <input type="checkbox"/> Other	<b>Codes</b> N. <input type="checkbox"/> Elected O. <input type="checkbox"/> Management P. <input type="checkbox"/> Partner/Owner Q. <input type="checkbox"/> Professional R. <input type="checkbox"/> Sales S. <input type="checkbox"/> Supervision T. <input type="checkbox"/> Technical V. <input type="checkbox"/> Retired X. <input type="checkbox"/> Other	<b>Codes</b> A. <input type="checkbox"/> Grade School B. <input type="checkbox"/> High School C. <input type="checkbox"/> Tech. Business School D. <input type="checkbox"/> Assoc. Degree (2 yrs.) E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.) F. <input type="checkbox"/> Master's Degree G. <input type="checkbox"/> Grad. Prof. Degree

Note: For membership statistics only. Kiwanis International does not provide its membership information to third parties.

College: \_\_\_\_\_

## Receipt

Date \_\_\_\_\_  
(mo/day/yr)

Received by \_\_\_\_\_

\$ \_\_\_\_\_  Cash or  Check

**New Member Information Form**

**New Member Sponsor**

To the Board of Directors of the Kiwanis Club of \_\_\_\_\_,

I take pride in proposing \_\_\_\_\_,

as an active member of the club and have confidence that this individual will become a valuable member.

Date: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_  
(mo/day/yr)

Sponsor Signature: \_\_\_\_\_ Additional Club Member: \_\_\_\_\_