

Kiwanis New Membership Information



Kiwanis®

Full Name _____ Nickname _____ Gender _____

Home Address _____

Street City State Zip

Home Phone _____ Spouse/Partner Name _____

Company Name _____ Title _____

Business Address _____

Street City State Zip

Business Phone _____ Cell Phone _____ E-Mail Address _____

By providing my e-mail address, I opt in 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, enter "Life"

Type of Membership Personal Corporate

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 Preference Club Administration Community Service

CHECK ONE BLOCK PER CATEGORY

PRIMARY EMPLOYMENT		JOB CLASSIFICATION	EDUCATION ATTAINED
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Medical	<input type="checkbox"/> Elected	<input type="checkbox"/> Grade School
<input type="checkbox"/> Communications/Media	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Management	<input type="checkbox"/> High School
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Partner/Owner	<input type="checkbox"/> Tech. Business School
<input type="checkbox"/> Education	<input type="checkbox"/> Religion	<input type="checkbox"/> Professional	<input type="checkbox"/> Assoc. Degree (2 yr.)
<input type="checkbox"/> Government	<input type="checkbox"/> Retail	<input type="checkbox"/> Sales	<input type="checkbox"/> Baccalaureate Degree (4 yr.)
<input type="checkbox"/> Legal	<input type="checkbox"/> Transportation	<input type="checkbox"/> Supervision	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Manufacturing (Heavy)	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Technical	<input type="checkbox"/> Grad. Prof. Degree
<input type="checkbox"/> Manufacturing (Light)	<input type="checkbox"/> Other	<input type="checkbox"/> Retired	
		<input type="checkbox"/> Other	

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

One Time New Member Fee: \$ 75.00 Payable to "TUSCOLA KIWANIS CLUB"
(OVER)

RECEIPT

Date _____
(mo./day/yr.)

Received of _____ \$ _____ Cash or Check

For _____

Received by _____

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 Printed: _____
(mo/day/yr)

Sponsor Signature: _____

Elected to Membership by Board of Directors:

Date _____ Secretary Signature: _____
(mo/day/yr)