

# New Member Information Form



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

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

Home Phone \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

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

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

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

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: \_\_\_\_\_  
(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.

**Committee Preference**

- Club Administration
- Community Service

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

Applicant Signature: \_\_\_\_\_

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
<b>Codes</b> 1 <input type="checkbox"/> Banking/Finance 3 <input type="checkbox"/> Comm/Media 5 <input type="checkbox"/> Construction 7 <input type="checkbox"/> Education 9 <input type="checkbox"/> Government 11 <input type="checkbox"/> Legal 13 <input type="checkbox"/> Manufact.(Heavy) 15 <input type="checkbox"/> Manufact.(Light)	<b>Codes</b> 17 <input type="checkbox"/> Medical 19 <input type="checkbox"/> Nonprofit 21 <input type="checkbox"/> Real Estate 23 <input type="checkbox"/> Religion 25 <input type="checkbox"/> Retail 27 <input type="checkbox"/> Transportation 29 <input type="checkbox"/> Wholesale 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
17 <input type="checkbox"/> Medical 19 <input type="checkbox"/> Nonprofit 21 <input type="checkbox"/> Real Estate 23 <input type="checkbox"/> Religion 25 <input type="checkbox"/> Retail 27 <input type="checkbox"/> Transportation 29 <input type="checkbox"/> Wholesale 94 <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.

## 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: \_\_\_\_\_  
(mo/day/yr)

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

## Recommended by Membership Committee

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

Membership Class: \_\_\_\_\_ Suggested Classification: \_\_\_\_\_

## Elected to Membership by Board of Directors

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

## Member Accomplishments

Total Years of Perfect Attendance \_\_\_\_\_

Offices Held: \_\_\_\_\_

Awards: \_\_\_\_\_

\_\_\_\_\_