

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

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

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: \_\_\_\_\_

\_\_\_\_\_