



GREEN BAY - DOWNTOWN, Founded 1917

MEMBERSHIP APPLICATION FORM

Name	Nickname
Home Address	Home Phone
Employer Name	Type of Business
Business Address	Business Phone
Your Title: E-mail Address:	
Educational Background:	
Best address for Kiwanis mail: Home Address, or	r Business Address
Are you a former Kiwanis member?Yes,No. Name of former club:	
Length of Membership:years. How long I	ived in G. B. area?years.
Birthdate: Wedding Anniversary: Mo. Day Yr. Mo. Day	
Mo. Day Yr.	Mo. Day
Spouse's Name or Nickname:	
	Mo. Day
First Name and Ages of Children:	
Member of business and professional organizations:	
Committee Preferences. Would you prefer your first committee assignment to be related to	
Club Administration (Meetings, Programs, Membership growth, Newsletter, etc.), or	
Community Service (Youth services, Charitable activities, Community problem-solving, etc.)	
Sponsor's Name: (If none	, a Sponsor will be assigned by the club.)
Signature of Applicant :	Date: