

KIWANIS MEMBERSHIP INFORMATION



Full Name _____ Nickname _____ Gender _____

Home Address _____

City

State/Province

Zip/Postal Code

Home Phone _____ Spouse's 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
Codes		Codes	Codes
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: _____ 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: _____



The Kiwanis Club of the Horse Heaven Hills

PROSPECTIVE NEW MEMBER SUPPLEMENTAL INFORMATION

First Name	Last Name
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Cell Phone	
Home E-Mail	Work E-Mail

Circle one: I prefer Kiwanis telephone calls go to my HOME WORK CELL phone.

Circle one or both: I prefer that Kiwanis e-mails go to my HOME WORK e-mail address.

Spouse/Partner Name	Birth Date (month/date)
Anniversary Date	
Children Name/s	Birth Dates

Hobbies/Interests
Community Accomplishments (in the Tri-Cities or elsewhere)

What I could do for Kiwanis (talents, interests, skills)
What Kiwanis could do for me