

KIWANIS CLUB of CHRISTIANSBURG

P.O. BOX 313

CHRISTIANSBURG, VIRGINIA 24068

MEMBERSHIP APPLICATION (PLEASE PRINT)

AME NICK		NAME	
HOME ADDRESS		TELEPHONE #	
EMPLOYER & ADDRESS		BUSINESS PHONE #	
TITLE/POSITION	EMAIL ADDRESS	CELL PHONE #	
WHERE WOULD YOU LIKE YOUR KIWANIS MAIL SENT? HOME		BUSINESSOTHER	
ARE YOU A FORMER KIWANIAN?	IF YES, WHERE HOW LONG NAME OF CLUB/CITY		
DATE OF BIRTHSP	OUSE/PARTNER NAME	ANNIVERSARY	
MEMBERSHIP IN BUSINESS AND/OR P	ROFESSIONAL ORGANIZATION	S:	
HOBBIES:			
FOR YOUR FIRST COMMITTEE ASSIG	NMENT, WOULD YOU PREFER T	TO WORK WITH?	
CLUB ADMINISTRATION (CLUB MEI	ETINGS, PROGRAMS, MEMBERSHIP	RECRUITMENT, EDUCATION, ETC.)	
COMMUNITY SERVICE (DIRECT SER	RVICES TO CHILDREN, YOUTH PRO	GRAMS, COMMUNITY PROJECTS, ETC.)	
IN YOUR OPINION, WHAT ARE THE M	OST IMPORTANT NEEDS OR OU	JR/ANY COMMUNITY TODAY?	
OPTIONAL: IF YOU ARE A FORMER M LIKE TO LIST ANY ACTIVITIES OR PR OUR CLUB CONSIDER?			
INDUCTION POLICY: TWO MONTH'S BE FORMALLY INDUCTED AFTER PA			
SIGNATURE:		DATE:	
A DDD OVED DV DOADD		TOD INTO CLUB	