

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

Note: For membership statistics only. Kiwanis International does not provide its membership information to third parties.

## 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: \_\_\_\_\_

## Receipt

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

Received of \_\_\_\_\_ \$ \_\_\_\_\_  Cash or  Check

For \_\_\_\_\_



Received by \_\_\_\_\_