

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

\_\_\_\_\_