

Kiwanis Membership Information



Membership Category: Personal Corporate

Full Name _____ Nickname _____ Gender _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____

Spouse/Partner Name _____ Spouse Birthdate _____

Anniversary Date _____

Company Name _____ Title _____

Business Address _____

City _____ State _____ ZIP _____

Business Phone _____ FAX Number _____

Facebook _____ Twitter _____

Linkedin _____ Email _____

Send Kiwanis mail to: Home Work

By providing my email address, I opt in to receive Kiwanis International information.

If you are a former Kiwanian:

Club Name _____ Date Left (mo/day/yr) _____

Length of Membership _____ If Life Member, #: _____

Date of Birth: _____
(Applicant) (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

Applicant Signature: _____

Date: _____
(mo/day/yr)

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

College/Schools attended: _____

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 Maryville:

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 _____

This applicant is a former SLP member: Yes No

Club Name: _____ School/College: _____
(Circle K, Key Club, Builders Club, K-Kids, Aktion Club)

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: _____

