

# Kiwanis New Membership Information



# Kiwanis®

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

By providing my e-mail address, I opt in to receive Kiwanis International information. 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, enter "Life"

Type of Membership  Personal  Corporate

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.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
 (mo./day/yr.)

Committee Preference  Club Administration  Community Service

CHECK ONE BLOCK PER CATEGORY			
PRIMARY EMPLOYMENT		JOB CLASSIFICATION	EDUCATION ATTAINED
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Medical	<input type="checkbox"/> Elected	<input type="checkbox"/> Grade School
<input type="checkbox"/> Communications/Media	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Management	<input type="checkbox"/> High School
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Partner/Owner	<input type="checkbox"/> Tech. Business School
<input type="checkbox"/> Education	<input type="checkbox"/> Religion	<input type="checkbox"/> Professional	<input type="checkbox"/> Assoc. Degree (2 yr.)
<input type="checkbox"/> Government	<input type="checkbox"/> Retail	<input type="checkbox"/> Sales	<input type="checkbox"/> Baccalaureate Degree (4 yr.)
<input type="checkbox"/> Legal	<input type="checkbox"/> Transportation	<input type="checkbox"/> Supervision	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Manufacturing (Heavy)	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Technical	<input type="checkbox"/> Grad. Prof. Degree
<input type="checkbox"/> Manufacturing (Light)	<input type="checkbox"/> Other	<input type="checkbox"/> Retired	
		<input type="checkbox"/> Other	

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

One Time New Member Fee: \$ 75.00 Payable to "CHARLESTON KIWANIS CLUB"  
 (OVER)

## 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 Printed: \_\_\_\_\_  
(mo/day/yr)

Sponsor Signature: \_\_\_\_\_

**Elected to Membership by Board of Directors:**

Date \_\_\_\_\_ Secretary Signature: \_\_\_\_\_  
(mo/day/yr)