



## New-member information form

Full name \_\_\_\_\_ Gender \_\_\_\_\_

Home address \_\_\_\_\_  
City Province Postal code

Home phone \_\_\_\_\_ Spouse/Partner name \_\_\_\_\_

Company name \_\_\_\_\_ Title \_\_\_\_\_

Business address \_\_\_\_\_  
City Province Postal Code

Business phone \_\_\_\_\_ Fax number \_\_\_\_\_ Email 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 # \_\_\_\_\_

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
Codes	Codes	Codes
1 <input type="checkbox"/> Banking/Finance	N. <input type="checkbox"/> Elected	A. <input type="checkbox"/> Grade School
3 <input type="checkbox"/> Comm/Media	O. <input type="checkbox"/> Management	B. <input type="checkbox"/> High School
5 <input type="checkbox"/> Construction	P. <input type="checkbox"/> Partner/Owner	C. <input type="checkbox"/> Tech. Business School
7 <input type="checkbox"/> Education	Q. <input type="checkbox"/> Professional	D. <input type="checkbox"/> Assoc. Degree (2 yrs.)
9 <input type="checkbox"/> Government	R. <input type="checkbox"/> Sales	E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.)
11 <input type="checkbox"/> Legal	S. <input type="checkbox"/> Supervision	F. <input type="checkbox"/> Master's Degree
13 <input type="checkbox"/> Manufact.(Heavy)	T. <input type="checkbox"/> Technical	G. <input type="checkbox"/> Grad. Prof. Degree
15 <input type="checkbox"/> Manufact.(Light)	V. <input type="checkbox"/> Retired	
	X. <input type="checkbox"/> Other	

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: \_\_\_\_\_

## Elected to **m**embership by Board of Directors

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

Secretary signature: \_\_\_\_\_