

Kiwanis Membership Information



Kiwanis

International

Full Name _____ Nickname _____ Gender _____

Home Address _____
City State/Province Zip/Postal Code

Home Phone _____ Spouse/Partner Name _____

Company Name _____ Title _____

Business Address _____
Street City State/Province Zip/Postal Code

Business Phone _____ Cell Phone _____

E-mail Address _____

Send Kiwanis Mail to: Home Work

If you are a former Kiwanian: Club Name _____ Date Left (M/D/Y) _____
 Length of Membership _____ If you are a life member, life member# _____

Date of Birth _____ I accept this application for membership and agree to conform to the bylaws of this club and
m/d/y comply with the obligations of membership as explained to me by my sponsor.

Committee Preference

- Club Administration
 Community Service

Date _____ Applicant Signature _____
m/d/y

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
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
		Codes 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

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 Gadsden:

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: _____
m/d/y

Sponsor Signature: _____ Additional Club Member: _____