Kiwanis Membership Information



Full Name		Nickname_	Gend	er	
Home Address					
		,	tate/Province	Zip/Postal Code	
Home Phone		Spouse/Pa	rtner Name		
Company Name			Title		
Business Address_			City S	ata/Danaina	Zin /Bartal Carda
		,		ate/Province	1
Business Phone		Fax Number		_ E-Mail Address	
Send Kiwanis mail	to: Home Work]			
If you are a former Kiwanian: Club Name		me	Date Left (mo/day/yr)		y/yr)
	Length o	of Membership	If you are a life me	ember, life member #_	
Committee Preferen	no(day/yr) complyince inistration Date: _	y with the obligations	membership and agree to sof membership as explant signature:	ained to me by my sp	oonsor.
CHECK ONE BLOCK PER CATEGORY					
	PRIMARY EMPLOYMENT		JOB CLASSIFICATION EDUCATION ATTA		NED
	1	,	Codes N.	1	2 yrs.) Degree erree arties.
Receipt		Date			
Received of		,	ay/yr)	\$	Cash or Check
For					
			D.	acoived by	

Secretary Signature: _____

Member Accomplishments:

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____