



KIWANIS MEMBERSHIP INFORMATION

PLEASE TYPE OR PRINT

KIWANIS CLUB	KEY NUMBER	DISTRICT NAME OR NUMBER	STATE/PROVINCE	COUNTRY
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PLEASE CHECK ONE

- NEW OR FORMER MEMBER ADD
 MEMBER DELETE
 MEMBER TRANSFER
 MEMBER INFORMATION CHANGE
 HONORARY MEMBERSHIP
 NON-MEMBER SUBSCRIPTION

MEMBERSHIP ID NUMBER		KIWANIS LIFE MEMBER YES NO		KIWANIS LIFE MEMBER NUMBER		DISTRICT LIFE MEMBERSHIP YES NO	
MULTIPLE MEMBERSHIP YES NO		IF YES, CLUB NAME		KEY NUMBER		MEMBER ID NUMBER	
DATE JOINED (MONTH/DAY/YEAR)		LAST NAME		SUFFIX		FIRST NAME	
MIDDLE INITIAL		PREFIX		GENDER M F		DATE OF BIRTH	
TELEPHONE		PREFERRED EMAIL ADDRESS		HOME ADDRESS		CITY	
STATE/PROVINCE		COUNTRY		ZIP/POSTAL CODE		BUSINESS NAME	
TITLE/POSITION		BUSINESS ADDRESS		CITY		STATE/PROVINCE	
COUNTRY		ZIP/POSTAL CODE		FAX NUMBER		BUSINESS PHONE	
SPOUSE NAME		IS SPOUSE A MEMBER YES NO		IF YES, CLUB NAME		KEY NUMBER	
MEMBER ID NUMBER		SEND KIWANIS MAIL TO: HOME WORK		SPOUSAL MAGAZINE CREDIT YES NO			

CHECK ONE BLOCK PER CATEGORY

PRIMARY EMPLOYMENT Codes

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 1 Banking/Finance | <input type="checkbox"/> 11 Legal | <input type="checkbox"/> 21 Real Estate | <input type="checkbox"/> 31 Agriculture |
| <input type="checkbox"/> 3 Communications/Media | <input type="checkbox"/> 13 Manufacturing (Heavy) | <input type="checkbox"/> 23 Religion | <input type="checkbox"/> 94 Other _____ |
| <input type="checkbox"/> 5 Construction | <input type="checkbox"/> 15 Manufacturing (Light) | <input type="checkbox"/> 25 Retail | |
| <input type="checkbox"/> 7 Education | <input type="checkbox"/> 17 Medical | <input type="checkbox"/> 27 Transportation | |
| <input type="checkbox"/> 9 Government | <input type="checkbox"/> 19 Nonprofit | <input type="checkbox"/> 29 Wholesale | |

JOB CLASSIFICATION Codes

- | | |
|--|--|
| <input type="checkbox"/> N Elected | <input type="checkbox"/> S Supervision |
| <input type="checkbox"/> O Management | <input type="checkbox"/> T Technical |
| <input type="checkbox"/> P Partner/Owner | <input type="checkbox"/> V Retired |
| <input type="checkbox"/> Q Professional | <input type="checkbox"/> X Other _____ |
| <input type="checkbox"/> R Sales | |

EDUCATION ATTAINED Codes

- | | |
|---|---|
| <input type="checkbox"/> A Grade School | <input type="checkbox"/> F Master's Degree |
| <input type="checkbox"/> B High School | <input type="checkbox"/> G Graduate Professional Degree |
| <input type="checkbox"/> C Technical/Business School | <input type="checkbox"/> H College/University Attended |
| <input type="checkbox"/> D Associate Degree (2 yrs) | |
| <input type="checkbox"/> E Baccalaureate Degree (4 yrs) | |

New member sponsored by:

Name _____ ID Number _____

PLEASE NOTE: FOR MEMBERSHIP STATISTICS ONLY. KIWANIS INTERNATIONAL DOES NOT PROVIDE MEMBERSHIP INFORMATION TO THIRD PARTIES.

If you are a former member Kiwanis Key Club Kiwanis Junior Circle K Aktion Club K-Kids Builders Club

Club Name _____ Former ID Number _____

Date Joined _____ Date Left _____

PLEASE COMPLETE THIS SECTION ONLY IF DELETING A MEMBER

Effective date (MM/DD/YYYY) _____

Check reason for delete - Codes

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> A Attendance | <input type="checkbox"/> B Business Pressure | <input type="checkbox"/> D Deceased | <input type="checkbox"/> G Other _____ |
| <input type="checkbox"/> H Health | <input type="checkbox"/> I Lack of interest | <input type="checkbox"/> L Lack of time | <input type="checkbox"/> M Moving |
| | | | <input type="checkbox"/> P Non payment of dues |

PLEASE COMPLETE THIS SECTION ONLY IF MEMBER IS TRANSFERRING TO ANOTHER KIWANIS CLUB

Effective Date (MM/DD/YYYY) _____ Dues paid through _____ (Date)

Club transferring to - Club Name _____ Key Number _____ District _____

NOTE: PLEASE GIVE ONE COPY OF THIS FORM TO MEMBER TO BE GIVEN TO THE CLUB TO WHICH HE OR SHE IS TRANSFERRING.

New Member Information Form



Full Name _____ Nickname _____ Gender _____

Home Address _____
 City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Spouse/Partner Name _____

Company Name _____ Title _____

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

Business Phone _____ Fax Number _____ E-Mail 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 # _____

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.

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

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: _____
(mo/day/yr)

Sponsor Name: _____

Sponsor Signature: _____ Additional Club Member: _____

Recommended by Membership Committee

Date: _____
(mo/day/yr)

Chairman Signature: _____

Membership Class: _____ Suggested Classification: _____

Elected to Membership by Board of Directors

Date: _____
(mo/day/yr)

Secretary Signature: _____

Member Accomplishments

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____
