



Membership Application

KIWANIS CLUB OF CHEYENNE

NAME: _____ NICKNAME: _____
DATE OF BIRTH: _____ SPOUSE'S NAME: _____ ANNIVERSARY: _____
PLACE OF BIRTH: _____ NO. OF CHILDREN: _____ THEIR NAMES: _____
EMPLOYER: _____
POSITION: _____
BUSINESS ADDRESS: _____ RESIDENCE ADDRESS: _____

ZIP CODE: _____ ZIP CODE: _____
BUSINESS PHONE: _____ RESIDENCE/CELL PHONE: _____
BUSINESS FAX: _____ E-MAIL: _____
NATURE OF BUSINESS: _____ CHURCH AFFILIATION: (Optional) _____
LENGTH OF EMPLOYMENT: _____ LENGTH OF RESIDENCE: _____
EDUCATION: _____
HOBBIES, LEISURE ACTIVITIES: _____

IF A PREVIOUS MEMBER OF A KIWANIS CLUB, GIVE:

NAME(S) OF CLUB(S), CITY, & STATE: _____

OFFICE(S) HELD IN PREVIOUS KIWANIS CLUB(S): _____

SERVICE AND/OR CIVIC ORGANIZATIONS TO WHICH YOU NOW BELONG: _____

PROPOSERS: Why do you feel this applicant can help Kiwanis?

PROPOSERS: This proposal must be submitted to the Membership Committee, allowing at least 30 days prior to any Board action for review by Membership Committee.

PROPOSERS: If the above named is accepted to membership, we agree to see that the new member understands the attendance requirements, and we will see that this member attends the next four meetings and the next orientation meeting.

PROPOSER: _____ (Signature) Badge _____

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APPLICATION MEMBERSHIP FEES:

Initiation Fee	\$	125.00
Dues & Meals	\$	75.00
Total Fees Due:	\$	200.00

THIS APPLICATION MUST BE ACCOMPANIED WITH A CHECK OR OTHER MEANS OF PAYMENT OR CONTACT ADMINISTRATIVE SECRETARY FOR OTHER OPTIONS:

SIGNATURE OF APPLICANT: _____ DATE: _____