



Membership Proposal

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.

		PRESENT MEMBERSHIP FEES:	
PROPOSER: _____	(Signature)Badge _____	Initiation Fee	\$ 125
		Dues & Meals	\$ 65
PROPOSER: _____	(Signature)Badge _____		\$ 190

FOR COMMITTEE USE ONLY:

APPROVED DATE: _____ MEMBERSHIP CHAIRMAN: _____

BOARD APPROVED DATE: _____ CLASSIFICATION: _____ INDUCTION: _____

ORIENTATION: _____ BADGE NO.: _____