



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.

		PRESENT MEMBERSHIP FEES:	
PROPOSER: _____	(Signature)Badge _____	Initiation Fee	\$ _____ 125
		Dues & Meals	\$ _____ 70
PROPOSER: _____	(Signature)Badge _____		\$ _____ 195

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

SIGNATURE OF APPLICANT: _____ DATE: _____

