

Kiwanis Club of Atlanta Membership Application

Type of Membership: Individual _____ Corporate _____ Associate _____ Breakfast Satellite _____

Full Name: _____ Nickname: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Company Name: _____ Title: _____

Business Address: _____

City _____ State _____ Zip _____

Bus Phone: _____ Bus Fax _____

Email Address: _____ Web Address: _____

Send Kiwanis Mail to: Home: Work: Date of Birth: _____ Birthplace: _____
 (mo/day/yr)

If you are a former Kiwanian: Club Name _____ Date Left _____
 (mo/day/yr)

Length of Membership _____ Life Member #: _____

Were you a member of a Service Leadership Program: Circle K _____ Key Club _____ Aktion Club _____
 Dates: _____

Spouse Name: _____ Is Spouse a Member of Kiwanis? _____

Initiation Fee: \$200 Indiv/Corp Dues: \$230/quarter Associate Dues: \$130/quarter B'fst Satellite Dues: \$150/quarter
 Includes Lunch Weekly Lunch \$15/visit Breakfast \$10/visit Includes Bi-Weekly Breakfast

I agree to obligations of membership and to comply with the bylaws of this club.

Date: _____ Signed: _____

PLEASE CHECK ONE BLOCK PER CATEGORY			
PRIMARY EMPLOYMENT		JOB CLASSIFICATION	
Codes		Codes	
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Medical	N.	Elected
<input type="checkbox"/> Comm/Media	<input type="checkbox"/> Nonprofit	O.	Management
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	P.	Partner/Owner
<input type="checkbox"/> Education	<input type="checkbox"/> Religion	Q.	Professional
<input type="checkbox"/> Government	<input type="checkbox"/> Retail	R.	Sales
<input type="checkbox"/> Legal	<input type="checkbox"/> Technology	S.	Supervision
<input type="checkbox"/> Manufact.(Heavy)	<input type="checkbox"/> Transportation	T.	Technical
<input type="checkbox"/> Manufact.(Light)	<input type="checkbox"/> Wholesale	V.	Retired
	<input type="checkbox"/> Other	X.	Other

TO BE COMPLETED BY THE SPONSOR

Date _____ Does the nominee meet membership qualifications? _____

Signature of sponsor _____ Print name _____

Signature of endorser _____ Print name _____

Return to: Kiwanis Club of Atlanta; PO Box 14104, Atlanta, GA 30324
 Phone: 404-521-1443. Fax: 404-521-1444. Email: KiwanisClubAtlanta@gmail.com

