

# Kiwanis Club of Atlanta Membership Application



Type of Membership:  Individual  Corporate  Associate \_\_\_\_\_

Why do you want to join?  To Help Kids  Community Involvement  Business Networking  To Make Friends  
Other \_\_\_\_\_

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 Individual/Corporate Dues: \$330/quarter Associate Dues: \$170/quarter  
Includes Lunch Weekly Lunch \$15/visit

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  
Email: [KiwanisClubAtlanta@gmail.com](mailto:KiwanisClubAtlanta@gmail.com)

KI # \_\_\_\_\_ Date: \_\_\_\_\_ KCA # \_\_\_\_\_ Date: \_\_\_\_\_  
ClubRunner: \_\_\_\_\_ QuickBooks: \_\_\_\_\_ Invoice: \_\_\_\_\_