

Join the Club

First Name: _____ Last Name: _____

Date of Birth: _____ Spouse/Partner's Name: _____

Home Address: _____

Home Phone: _____ E - mail: _____

Company Name: _____ Title: _____

Business Address: _____

Business Phone: _____ E - mail: _____

Send Kiwanis mail to: Business Home

Are you a former Kiwanian? Yes No

If Yes, Club Name: _____

Life Kiwanis Member Number (if applicable): _____

Committee Preference: Club administration Community Service

I accept this application for membership and agree to conform to the Bylaws of this Club and comply with the obligations of membership as explained to me by my Sponsor.

Applicant Signature: _____ Date: _____

Please print out completed application and bring it to the next meeting or email it to
maria@shelleycpa.com