



Kiwaniis®

MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT

FULL NAME _____ DATE _____

GENDER M F BIRTH DATE _____

PHONE home: _____ work: _____ cell: _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

PROFESSION _____ EMPLOYER _____

TITLE/POSITION _____

PROFESSIONAL AFFILIATIONS _____

BUSINESS ADDRESS _____

SPOUSE NAME _____

MILITARY SERVICE/ BRANCH _____

EDUCATION _____

PRIOR COMMUNITY SERVICE/VOLUNTEER EXPERIENCE:

TELL US ABOUT YOUR INTEREST IN JOINING KIWANIS CLUB OF ISSAQUAH:

HOBBIES/INTERESTS _____

ARE YOU A FORMER MEMBER OF KIWANIS, KEY CLUB, BUILDERS CLUB, CIRCLE K, AKTION CLUB?

KIWANIS COMMITTEES YOU MIGHT BE INTERESTED IN JOINING:

<input type="checkbox"/> Sponsored Youth (Key Club, Builders Club)	<input type="checkbox"/> Community Service
<input type="checkbox"/> Fund Raising Events	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Young Children Priority One	<input type="checkbox"/> Spiritual Aims
<input type="checkbox"/> Environmental	<input type="checkbox"/> Board/Administrative

HAVE YOU ATTENDED 3 MEETINGS OF KIWANIS? Yes No

SPONSORING KIWANIS CLUB MEMBER _____

COMMUNITY REFERRALS & PHONE #

1) _____

2) _____

I agree to conform to the bylaws of the club and comply with obligations of membership as explained by my sponsor. (signature/date) _____

ADMINISTRATIVE USE ONLY

Application received by _____ Date _____

Date presented to the Board _____ Dues payment received _____

Date of club Induction _____