



FULL NAME: _____ DATE: _____

GENDER: M F BIRTH DATE: _____

PHONE: Hm: _____ 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, or AKTION CLUB? Yes / No

If so, which school? _____

KIWANIS COMMITTEES YOU MIGHT BE INTERESTED IN JOINING:

- | | |
|---|---|
| <input type="checkbox"/> Community Grants | <input type="checkbox"/> Membership (includes social) |
| <input type="checkbox"/> Fund Raising & Events | <input type="checkbox"/> Budget and Finance |
| <input type="checkbox"/> House Committee | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Sponsored Clubs (Key Club, Builders Club, Aktion Club) | <input type="checkbox"/> Communications |

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: _____