



Kiwanis

New-Member Information Form

Full Name _____ Nick name _____ Gender _____

Home Address _____ City _____ State _____ Zip Code _____

Home phone _____ Spouse/Partner name _____

Company name _____ Title _____

Business address _____ City _____ State _____ Zip Code _____

Business phone _____ Fax _____ Email address _____

Send Kiwanis mail to: Home Business

If you are a former Kiwanian: Club name _____ Date left (mo/day/yr) _____
Length of membership _____ If you are a life member: life member # _____

Dates of birth: (mo/day/yr)

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.

You _____
Spouse/Partner _____ I further agree to complete, at my expense, a background check by Kiwanis International within
30 days of the approval of my membership.

Anniversary Date _____ Date _____ (mo/day/yr) _____ Applicant signature _____

Committee preference

Club Administration Children & Youth Service Program House Interclub
 Community Service Membership Social International Member Care

| CHECK ONE BLOCK PER CATEGORY | | | |
|---|--|---|---|
| PRIMARY EMPLOYMENT | JOB CLASSIFICATION | EDUCATION ATTAINED | |
| Codes | Codes | Codes | |
| 1 <input type="checkbox"/> Banking/Finance | 17 <input type="checkbox"/> Medical | N. <input type="checkbox"/> Elected | A. <input type="checkbox"/> Grade School |
| 2 <input type="checkbox"/> Communication/Media | 19 <input type="checkbox"/> Nonprofit | O. <input type="checkbox"/> Management | B. <input type="checkbox"/> High School |
| 5 <input type="checkbox"/> Construction | 21 <input type="checkbox"/> Real Estate | P. <input type="checkbox"/> Partner/Owner | C. <input type="checkbox"/> Tech. Business School |
| 7 <input type="checkbox"/> Education | 23 <input type="checkbox"/> Religion | Q. <input type="checkbox"/> Professional | D. <input type="checkbox"/> Assoc. Degree (2 yrs.) |
| 9 <input type="checkbox"/> Government | 25 <input type="checkbox"/> Retail | R. <input type="checkbox"/> Sales | E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.) |
| 11 <input type="checkbox"/> Legal | 27 <input type="checkbox"/> Transportation | S. <input type="checkbox"/> Supervision | F. <input type="checkbox"/> Master's Degree |
| 13 <input type="checkbox"/> Manufacturing (Heavy) | 29 <input type="checkbox"/> Wholesale | T. <input type="checkbox"/> Technical | G. <input type="checkbox"/> Grad. Prof. Degree |
| 15 <input type="checkbox"/> Manufacturing (Light) | 94 <input type="checkbox"/> Other | V. <input type="checkbox"/> Retired | |
| | | X. <input type="checkbox"/> Other | |

Note: For membership statistics only. Kiwanis International does not provide its membership information to third parties.

Receipt

Date _____ Received of _____ \$ _____ Cash or Check
(mo/day/yr)

For _____ Received by _____

New-member sponsor

To the Board of Directors of the Kiwanis Club of Poudre Golden Kiwanis

I take pride in proposing _____

As an active member of the club and have confidence that this individual will become a valuable member

Date _____ Sponsor Name _____
(mo/day/yr)

Additional Club Member _____ Sponsor Signature _____

Recommended by membership committee

Date _____ Chair signature _____
(mo/day/yr)

Elected to membership by Board of Directors

Date _____ Secretary signature _____
(mo/day/yr)