



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)

You _____

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.

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** _____ **Applicant signature** _____
(mo/day/yr)

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

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)