



NEW MEMBER INFORMATION FORM

Full Name _____ Nickname _____ Gender _____

Home Address _____
City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Spouse / Partner Name _____

Company Name _____ Title _____

Business Address _____
City _____ State/Province _____ Zip/Postal Code _____

Business Phone _____ Fax Number _____

Send Kiwanis mail to: Home Work

If you are a former Kiwanian: Club Name _____ Date Left (mo/day/yr) _____

Length of Membership _____ If you are a life member, life member # _____

Date 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.

Committee Preference
 Club Administration
 Community Service

Applicant Signature: _____
 Date: _____
 (mo/day/yr)

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
3 <input type="checkbox"/> Comm/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"/> Manufact. (Heavy)	29 <input type="checkbox"/> Wholesale	T. <input type="checkbox"/> Technical	G. <input type="checkbox"/> Grad. Prof. Degree
15 <input type="checkbox"/> Manufact. (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.

New Member Sponsor

To the Board of Directors of the Kiwanis Club of Kishwaukee-DeKalb, 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)

Sponsor Signature: _____

Additional Club Member: _____

Elected to Membership by Board of Directors

Date: _____
(mo/day/yr)

Secretary Signature: _____