

Membership Application

Full Name _____ Gender _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell _____ E-mail _____

Company Name _____ Title _____

Business Address _____ Bus Phone _____

Spouse Name _____ Birth Date _____ Anniversary _____

Your Birth Date _____ College Attended _____ Favorite Sports Team _____

Send mail to: Home __ Work __ If you are a former Kiwanian: Club Name: _____ Date left: _____
Length of Membership _____ If you are a life member, life member # _____

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of members as explained to me by my sponsor. Date: _____ Applicant Signature: _____

| CHECK ONE BLOCK PER CATEGORY | | |
|---|--|--|
| PRIMARY EMPLOYMENT | JOB CLASSIFICATION | EDUCATION ATTAINED |
| Codes 1 <input type="checkbox"/> Banking/Finance 3 <input type="checkbox"/> Comm/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"/> Manufact.(Heavy) 15 <input type="checkbox"/> Manufact.(Light) | Codes 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.

New Member Sponsor:

To the Board of Directors of the Kiwanis Club of Lehigh Acres, 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: _____

Sponsor Signature: _____ Additional Club Member: _____

Recommendation of Membership Committee:

Date: _____ Chairman: _____ Membership Class: _____

Elected to Membership by Board of Directors:

Date: _____ Secretary Signature: _____

Dues Paid: _____ cash or check _____