

Kiwanis Tampa New Member Application



Kiwanis TAMPA

Full Name _____ Nickname _____ Gender _____

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

Home Phone _____ Spouse/Partner Name _____

Company Name _____ Title _____

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

Business Phone _____ Fax Number _____ E-Mail Address _____

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

Date: _____
 (mo/day/yr)

Applicant Signature: _____

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.

Date _____
 (mo/day/yr)

Receipt

Membership Application Fee- \$106.00

Received of _____ \$ _____ Cash or Check

For _____ Received by _____

New Member Sponsor

To the Board of Directors of the Kiwanis Club of _____,

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: _____

Recommended by Membership Committee

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

Membership Class: _____ Suggested Classification: _____

Elected to Membership by Board of Directors

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

Member Accomplishments

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____
