



## New-member information form

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 \_\_\_\_\_ Email address \_\_\_\_\_

Cell phone \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(mo/day/yr)

Send Kiwanis mail to: Home  Work

If you are a former Club name \_\_\_\_\_ Date left (mo/day/yr) \_\_\_\_\_  
Kiwanian: 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 membership as explained to me by my sponsor.

Date: \_\_\_\_\_ Applicant signature: \_\_\_\_\_  
(mo/day/yr)

### Committee preference

- Club administration
- Community service

PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
<b>Codes</b> 1 <input type="checkbox"/> Banking/Finance 3 <input type="checkbox"/> Communic/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)	<b>Codes</b> 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	<b>Codes</b> 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
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		

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 \_\_\_\_\_  
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)

## Elected to membership by Board of Directors

Date: \_\_\_\_\_ Secretary signature: \_\_\_\_\_  
(mo/day/yr)

### Membership Type:

- Individual
- Spouse
- Corporate Gold
- Corporate Silver
- Corporate Blue
- Corporate White

Annual membership dues payable in October of each year. Membership dues are prorated for new members depending on month of joining.

We are excited about your membership! Please make checks payable to:  
Kiwanis Club of Tifton, Inc., P. O. Box 451, Tifton, GA 31793.

Amount Due: \$ \_\_\_\_\_

- Please bill me for entire amount
- I prefer to pay 1/2 now and the remaining in 30 days

## Receipt

Received of \_\_\_\_\_ Date \_\_\_\_\_  
(mo/day/yr)

For \_\_\_\_\_ \$ \_\_\_\_\_  Cash or  Check

Received by \_\_\_\_\_