



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		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 LaBelle, 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 _____