

KIWANIS CLUB OF GLENDALE

APPLICATION/MEMBERSHIP INFORMATION



Full Name _____ Nickname _____ Gender _____

Home Address _____
& Street City State Zip+4

Home Phone (____) _____ Cell Phone (____) _____ E-Mail Address _____

Company Name _____ Title _____

Business Address _____
& Street City State Zip+4

Business Phone (____) _____ Fax Number (____) _____

Alternate Mailing Address _____
& Street City State Zip+4

Send Kiwanis mail to: Home Work Alternate

Spouse/Partner Name _____ Spouse/Partner Birthdate ____/____/____
(mo/day/yr) Anniversary Date: ____/____/____
(mo/day/yr)

Date of Birth: ____/____/____ I accept this application for membership and agree to conform to the bylaws of this club
(mo/day/yr) and comply with the obligations of membership as explained to me by my sponsor.

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

CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT	JOB CLASSIFICATION	EDUCATION ATTAINED
Codes	Codes	Codes
1 <input type="checkbox"/> Banking/Finance	N. <input type="checkbox"/> Elected	A. <input type="checkbox"/> Grade School
3 <input type="checkbox"/> Comm/Media	O. <input type="checkbox"/> Management	B. <input type="checkbox"/> High School
5 <input type="checkbox"/> Construction	P. <input type="checkbox"/> Partner/Owner	C. <input type="checkbox"/> Tech. Business School
7 <input type="checkbox"/> Education	Q. <input type="checkbox"/> Professional	D. <input type="checkbox"/> Assoc. Degree (2 yrs.)
9 <input type="checkbox"/> Government	R. <input type="checkbox"/> Sales	E. <input type="checkbox"/> Baccalaureate Degree (4 yrs.)
11 <input type="checkbox"/> Legal	S. <input type="checkbox"/> Supervision	F. <input type="checkbox"/> Master's Degree
13 <input type="checkbox"/> Manufact.(Heavy)	T. <input type="checkbox"/> Technical	G. <input type="checkbox"/> Grad. Prof. Degree
15 <input type="checkbox"/> Manufact.(Light)	V. <input type="checkbox"/> Retired	
	X. <input type="checkbox"/> Other	
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.

PLEASE NOTE: FOR MEMBERSHIP STATISTICS ONLY. KIWANIS INTERNATIONAL DOES NOT PROVIDE MEMBERSHIP INFORMATION TO THIRD PARTIES.

College/University Attended _____ Other Affiliations: _____

Offices/Positions Held (if any) _____

Is spouse a Kiwanian? Yes No If yes, Club Name _____ Member ID Number _____

If you are a former member Kiwanis Key Club Kiwanis Junior Circle K Aktion Club K-Kids Builders Club

Club Name _____ Former ID Number _____

Date Joined (mo/day/yr) ____/____/____ Date Left (mo/day/yr) ____/____/____ Life Member # _____

Hixson Fellow # _____ KI Tablet of Honor # _____ Dunlap Fellow # _____ CNH Tablet of Honor # _____

Sponsor Name: _____ Additional Club Member: _____

Date (mo/day/yr): ____/____/____ Sponsor Signature: _____

Recommended by Membership Committee: Date (mo/day/yr): ____/____/____ Chairman Signature: _____

Elected to Membership by Board of Directors: Date (mo/day/yr): ____/____/____ Secretary Signature: _____