



Membership Application

Personal Information

Full Name _____ Nickname _____ Gender _____ Date of Birth ____ / ____ / ____
 Spouse/Partner Name _____ Address _____ City _____ State ____ Zip _____
 Anniversary Date (if applicable) ____ / ____ / ____

School / College / Certification(s) Information

Institution Name _____ Degree, Major or Certification obtained _____ Year Graduated or Obtained _____
 Institution Name _____ Degree, Major or Certification obtained _____ Year Graduated or Obtained _____

Contact Information

Personal Preferred Phone (____) _____ Email _____@_____

Note: By providing my email address, I recognize that I am opting in to receiving regular communication from Kiwanis International & Kiwanis Club of Salisbury.

Applicant Initials _____ Date ____ / ____ / ____
 Employer or Company Name _____ Title _____

Send Kiwanis Mail Home Business Address if Different than Home _____

Emergency Contact _____ Relationship _____ Phone (____) _____

Additional Information

Committee Interest / Preferences Community Service Fundraising Meetings & Programs Membership Sponsored Youth Youth Services

How did you learn or hear about Kiwanis? _____

What is your primary motivation in joining Kiwanis? _____

Are you a former Kiwanian? Yes No Are you a former Key Club or CKI member? Yes No

If "Yes", Club Name _____ Sponsor Name _____ Member ID _____

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.

Applicant Signature _____ Date ____ / ____ / ____