



Full Name _____

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

Home Phone _____ Email Address _____ 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: _____ Applicant Signature: _____
(mo/day/yr)

CHECK ONE BLOCK PER CATEGORY							
PRIMARY EMPLOYMENT			JOB CLASSIFICATION		EDUCATION ATTAINED		
Codes							
1	Banking/Finance	17	Medical	N.	Elected	A.	Grade School
3	Comm/Media	19	Nonprofit	O.	Management	B.	High School
5	Construction	21	Real Estate	P.	Partner/Owner	C.	Tech. Business
7	Education	23	Religion	Q.	Professional	D.	Assoc. Degree (2
9	Government	25	Retail	R.	Sales	E.	Baccalaureate
11	Legal	27	Transportation	S.	Supervision		(4 yrs.)
13	Manufact.(Heavy)	29	Wholesale	T.	Technical	F.	Master's Degree
15	Manufact.(Light)	94	Other	V.	Retired	G.	Grad. Prof. Degree
				X.	Other		

Note: For membership statistics only. Kiwanis International does not provide its membership information to third parties.

Mail to:
Kiwanis Club of Harker Heights
PO Box 2309
Harker Heights, TX 76548

Receipt

Received of _____ \$ _____ Date _____

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:
