

KIWANIS CLUB OF ELM GROVE GOLDEN K

APPLICATION FOR MEMBERSHIP

NAME (PLEASE PRINT) _____ (NICKNAME) _____

SPOUSES NAME _____ (NICKNAME) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMAIL ADDRESS _____

BUSINESS NAME or PROFESSION _____

ADDRESS _____ CITY/STATE _____ ZIP _____

TYPE OF BUSINESS _____ EMAIL ADDRESS _____

IF FORMER KIWANIAN, CLUB NAME / LOCATION _____

DATE LEFT (mo/day/yr) ___ / ___ / ___ LENGTH OF MEMBERSHIP _____

HOW DID YOU FIND OUT ABOUT KIWANIS-ELM GROVE GOLDEN K?

FRIEND ___ KIWANIS MEMBER ___ NEWSPAPER ___ CHURCH BULLETIN ___

OTHER _____

ELM GROVE GOLDEN K

TOTAL RECEIVED \$ _____ DATE _____

DUES \$ _____

INITIATION \$ _____

CLUB OFFICIAL SIGNATURE _____

(OVER)

KIWANIS CLUB OF ELM GROVE GOLDEN K

PERSONAL

NAME:
NICKNAME:
BIRTHDATE:
BIRTH PLACE:
OTHER PLACES LIVED:

SPOUSES NAME:
NO. OF CHILDREN:
GRANDCHILDREN:
GRT. GRANDCHILDREN:

EDUCATION

HIGH SCHOOL:
UNIVERSITY:
DEGREES:

WORK HISTORY: WHERE/WHEN

ACHIEVEMENTS: PERSONAL / ACADEMIC / ATHLETIC

HOBBIES / INTERESTS & OTHER COMMENTS

SPONSOR _____

Copy Distribution

Membership Chairman
Treasurer
Secretary
Chair – Programs
Chair - Newsletter
President

Date of Induction _____
Date of Orientation _____
Date – Personal Bio _____