



# New Member Information Form

Full name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Home address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

Home phone \_\_\_\_\_ Spouse/Partner name \_\_\_\_\_

Company name \_\_\_\_\_ Title \_\_\_\_\_

Business address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Business phone \_\_\_\_\_ Fax number \_\_\_\_\_ Email 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. In the U.S., US \$8 of a member's annual dues and fees is applied to a Kiwanis magazine subscription.

Committee Preference  
 Club administration  
 Community service  
Date: \_\_\_\_\_ Applicant signature: \_\_\_\_\_ (mo/day/yr)

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

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

**Receipt** Date \_\_\_\_\_ (mo/day/yr)

Received of \_\_\_\_\_ \$ \_\_\_\_\_  Cash or  Check

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: \_\_\_\_\_  
(mo/day/yr)

Chairman signature: \_\_\_\_\_

## Elected to membership by Board of Directors

Date: \_\_\_\_\_  
(mo/day/year)

Secretary signature: \_\_\_\_\_

**of St. Clair Shores**

Note: You may email your completed application to: [Membership@shorewoodkiwanis.org](mailto:Membership@shorewoodkiwanis.org) .

You may also mail your completed application to:

Membership Committee c/o Shorewood Kiwanis, P.O. Box 87, St. Clair Shores, MI 48080

Shorewood Kiwanis Club of St. Clair Shores



Yes, I would like to volunteer. Please contact me for the following:

- Shorewood Kiwanis Harper Cruise (Aug)     Special Needs Fishing Derby (2) (June/Aug)
- Wild Game Dinner (Feb)     Special Needs Children Day at the Ice Show (March)
- Christmas in August (Back to school shopping for underprivileged children) (Aug)
- 3rd Grade Dictionary Distribution-Presentations take place (Nov/Dec)
- Hot Rods & Hot Cakes/Classic Cars-VFW Bruce Post     Gourmet Nut Sale
- Computer support     Assisting with Face Book/Communications
- I am interested in leadership opportunities     I would like to be a speaker
- I am interested in serving on a committee before becoming a member
- I would like to attend your breakfast meeting (1<sup>ST</sup> & 3rd Tuesday @ 7:30am @ The Rams Horn)
- Keep me posted of location... 2<sup>nd</sup> Thurs., evening Mixer of each month @ 6:30pm.

(Please be advised the months of said events are subject to change...thank you.)

Comments: \_\_\_\_\_

NAME \_\_\_\_\_/EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL \_\_\_\_\_ Best Time to Call \_\_\_\_\_

OTHER \_\_\_\_\_

Complete AND return to Sharon Gwizdowski, P.O. BOX 87, St. Clair Shores, MI 48080...check out the following for more information: [www.shorewoodkiwanis.org](http://www.shorewoodkiwanis.org) AND [www.facebook.com/shorewood.kiwanis](http://www.facebook.com/shorewood.kiwanis) ...looking forward to hearing from you.