



Membership Application

(Please Type or Print)

DATE: _____

FULL NAME: _____

GENDER: M F BIRTH DATE: _____

PHONE: WORK: _____ CELL: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PROFESSION: _____ EMPLOYER: _____

TITLE / POSITION: _____

BUSINESS ADDRESS: _____

OTHER CLUB AFFILIATIONS: _____

SPOUSE NAME: _____

MILITARY SERVICE / BRANCH: _____

EDUCATION: _____

PRIOR COMMUNITY SERVICE/VOLUNTEER EXPERIENCE: _____

TELL US ABOUT YOUR INTEREST IN JOINING KIWANIS CLUB OF SAMMAMISH: _____

HOBBIES / INTERESTS: _____

ARE YOU A FORMER MEMBER OF KIWANIS, KEY CLUB, BUILDERS CLUB, CIRCLE K OR AKTION CLUB? Y N
IF SO, WHICH CLUB _____

- KIWANIS COMMITTEES YOU MAY BE INTERESTED IN JOINING
- Community Grants Membership (includes social) Fund Raising and Events
 - Budget and Finance Other _____ Administrative
 - Communications Sponsored Clubs (Key Club, Builders Club, Aktion Club)

HOW DID YOU HEAR ABOUT US? _____

DID YOU HAVE A REFERRING KIWANIS MEMBER? _____

_____(CK) I HAVE RECEIVED/READ A COPY OF THE BYLAWS FOR SAMMAMISH KIWANIS (Available @SammamishKiwaniis.com)

Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY

Application Received By: _____ Date: _____

Date presented to Board: _____ Dues payment received: _____

Date of club induction: _____