

Kiwanis Club of Galena

Meets Every Tuesday at Noon at Midwest Medical Center



Kiwanis®

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
Codes 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)	Codes 17 <input type="checkbox"/> Medical 19 <input type="checkbox"/> Nonprofit 21 <input type="checkbox"/> Real Estate 23 <input type="checkbox"/> Religion 25 <input type="checkbox"/> Retail 27 <input type="checkbox"/> Transportation 29 <input type="checkbox"/> Wholesale 94 <input type="checkbox"/> Other	Codes 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
		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

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 _____