



Kiwanis Club of Waynesville New Member Application

Personal Information

Full Name: _____ Nickname: _____ Gender: _____

Home Address: _____
(City) (State) (Zip Code)

Alternate Address _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ E-Mail _____
(mo/day/yr)

Spouse/Partner Name: _____ Spouse/Partner's Date of Birth: _____
(mo/day/yr)

Business Information

Company Name: _____ Position/Title: _____

Business Address: _____
(City) (State) (Zip Code)

Business Phone: _____ : Fax Number: _____ E-Mail _____

Send Kiwanis mail to: Home _____ Work _____

Employment & Education (CHECK ONE ITEM PER CATEGORY)

Primary Employment	Job Classification	Education Attained
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Medical	<input type="checkbox"/> Grade School
<input type="checkbox"/> Comm/Media	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> High School
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Tech. Business School
<input type="checkbox"/> Education	<input type="checkbox"/> Religion	<input type="checkbox"/> Assoc. Degree (2 yrs.)
<input type="checkbox"/> Government	<input type="checkbox"/> Retail	<input type="checkbox"/> Baccalaureate Degree (4 yrs.)
<input type="checkbox"/> Legal	<input type="checkbox"/> Transportation	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Manufact. (Heavy)	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Grad. Prof. Degree
<input type="checkbox"/> Manufact. (Light)	<input type="checkbox"/> Other	
	<input type="checkbox"/> Elected	
	<input type="checkbox"/> Management	
	<input type="checkbox"/> Partner/Owner	
	<input type="checkbox"/> Professional	
	<input type="checkbox"/> Sales	
	<input type="checkbox"/> Supervision	
	<input type="checkbox"/> Technical	
	<input type="checkbox"/> Retired	
	<input type="checkbox"/> Other	

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

Service Preferences

What age groups are you most comfortable working with? (Please check all that apply)

Pre-School Elementary Middle School High School College Adult

What type of volunteer service activities would you like to be involved in? (Please check all that apply)

Tutoring Mentoring Coaching Counseling Leadership Development
 Character Development Recognition Programs Outdoor Activities
 Other (Specify) _____

What special skills do you have that you can contribute to the mission of the Club? _____

If you are a former Kiwanian:

Club Name: _____ Length of Membership: _____ Date left: _____
(mo/day/yr)

If you are a life member, life member # _____

By tendering this application for membership I agree to conform to the bylaws of this club and comply with the obligations of membership, as explained to me by the Membership Committee and my sponsor.

Applicant Signature: _____ Date: _____

FOR CLUB ADMINISTRATIVE USE

Sponsor's Recommendation

To the Board of Directors, Kiwanis Club of Waynesville:

I take pride in proposing _____ as a member of the club and have full confidence that he/she will become a valuable member.

Sponsor's Name: _____

Sponsor's Signature: _____ Date: _____

Co-Sponsor(s): (Optional)

Membership Comm. Endorsement

Membership Prerequisites:

Requirement	Date Completed
1. Attend Meetings As A Guest:	
1st Meeting	
2nd Meeting	
2. Meet With Membership Committee	
3. Background Check	
4. \$50.0 Membership Fee and Dues Paid	

To the Board of Directors, Kiwanis Club of Waynesville:

The above-named individual has met all the prerequisites for membership in the Kiwanis Club of Waynesville and is hereby recommended by the Membership Committee for membership.

Chairman's Signature: _____ Date: _____

Board Action

The recommendation of the Membership Committee regarding the application of _____ for membership in the Kiwanis Club of Waynesville was presented to the Board of Directors on _____. As recorded in the minutes of the meeting, the following action was taken by a vote of the Board, a quorum being present:

___ Accepted.

___ Declined.

Comments: _____

Secretary's Signature: _____ Date: _____

Date of Induction Ceremony: _____

___ Certificate prepared

___ Name Badges Prepared

___ Member Information to Kiwanis International