



Kiwanis Membership Information

Personal Information

Full Name: _____

Nickname: _____ **Gender:** _____ **Birthdate:** _____

Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Home phone: _____ **Cell phone:** _____

Spouse/Partner Name: _____

Anniversary Date: _____

Children and Names: _____

Business/job Information

Company Name: _____

Title: _____

Business Address: _____

City: _____ **State:** _____ **Zip code:** _____

Business phone: _____ **Fax number:** _____

Email address: _____

Send Kiwanis mail to:

- Home**
- Work**

If you are a former Kiwanian:

Club Name: _____ **Date left:** _____

Length of membership: _____

(Indicate if you are a life member)

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____

Committee Preference

<input type="checkbox"/> Programs and Club Meetings	<input type="checkbox"/> Membership and Public Relations
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Nominating
<input type="checkbox"/> Community and Youth Services	

Check one block per category**Primary Employment**

- Banking/Finance**
- Comm/Media**
- Construction**
- Education**
- Government**
- Legal**
- Manufacturing(Heavy)**
- Manufacturing (Light)**
- Medical**
- Nonprofit**
- Real Estate**
- Religion**
- Retail**
- Transportation**
- Wholesale**
- Other**

Job Classification

- Elected**
- Management**
- Partner/Owner**
- Professional**
- Sales**
- Supervision**
- Technical**
- Retired**
- Other**

Education Attained

- Grade School**
- High School**
- Technical/Business School**
- Associate Degree (2 yrs.)**
- Baccalaureate Degree (4 yrs.)**
- Master's Degree**
- Graduate Professional Degree**

New Member Sponsor:

To the Board of Directors of the Kiwanis Club of Martin, Tennessee 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:** _____

Sponsor Signature: _____

Additional Club Member: _____

Recommended by Membership Committee:

Date: _____ **Chairman Signature:** _____

Membership class: _____

Suggested Classification: _____

Elected to Membership by Board of Directors:

Date: _____ **Secretary Signature:** _____

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After completing the form up to sponsor information, mail to:

**Martin Kiwanis Club
P.O. Box 583
Martin, TN 38237**