

**Kiwanis Club of Sisters
Membership Application**



Date _____

Name: Mr / Mrs _____ Nickname: _____ Spouse: _____

Names of Children: _____

Street address: _____ Mail address: _____

Home phone: _____ Cell Phone: _____

E-mail address: _____ Website: _____

Birth date: _____ Wedding date: _____

Business name: _____ Title: _____

Business address: _____ Bus Phone: _____

PLEASE CHECK ONE BOX PER CATEGORY

Primary Employment		Title/Position	Education Attained
<input type="checkbox"/> 01 Banking / Finance	<input type="checkbox"/> 17 Medical	<input type="checkbox"/> N Elected	<input type="checkbox"/> A Grade School
<input type="checkbox"/> 03 Comm / Media	<input type="checkbox"/> 19 Non-profit	<input type="checkbox"/> O Management	<input type="checkbox"/> B High School
<input type="checkbox"/> 05 Construction	<input type="checkbox"/> 21 Real estate	<input type="checkbox"/> P Partner / Owner	<input type="checkbox"/> C Tech / Business School
<input type="checkbox"/> 07 Education	<input type="checkbox"/> 23 Religion	<input type="checkbox"/> Q Professional	<input type="checkbox"/> D Assoc Degree
<input type="checkbox"/> 09 Government	<input type="checkbox"/> 25 Retail	<input type="checkbox"/> R Sales	<input type="checkbox"/> E Bacc Degree
<input type="checkbox"/> 11 Legal	<input type="checkbox"/> 27 Transportation	<input type="checkbox"/> S Supervision	<input type="checkbox"/> F Masters Degree
<input type="checkbox"/> 13 Manufact. (heavy)	<input type="checkbox"/> 29 Wholesale	<input type="checkbox"/> T Technical	<input type="checkbox"/> G Grad Prof Degree
<input type="checkbox"/> 15 Manufact. (light)	<input type="checkbox"/> 94 Other	<input type="checkbox"/> V Retired	
		<input type="checkbox"/> X Other	

Previous Kiwanis Family Memberships: _____ Date(s) left: _____
(including Key Club, Circle K, Etc.)

Please send all Kiwanis mail (USPS) to me at: Home: _____ Business: _____

Applicant's Signature: _____

I am proud to recommend and sponsor this applicant for membership in Kiwanis.

Sponsor (sign & print): _____

Recommendation of Membership Committee: Yes _____ No _____ Date _____ Chairman _____

Election to Membership by Board of Directors: Yes _____ No _____ Date _____ Secretary _____