



Join the club

Fill out the attached form and start making an impact on children's lives!

Full name _____ Nickname _____ Gender _____

Date of birth _____ Spouse/partner name _____

Home address _____

City _____ State/province _____ Postal code _____

Preferred phone _____ Email _____

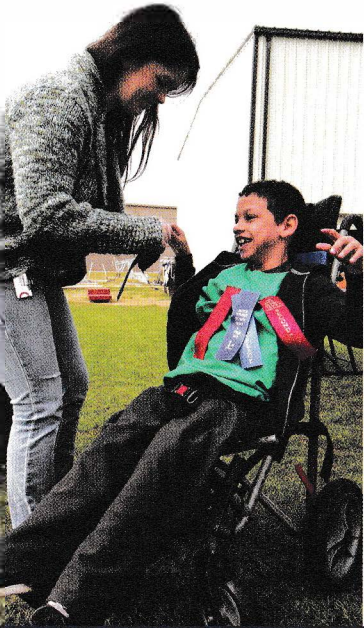
Company name _____ Title _____

By providing my email address, I recognize that I am opting in to receiving regular communication from Kiwanis International.

Initial _____ Date (month/year) _____

Please email form to: tsorfleet@farmersagent.com or bring to our next meeting

"I get more out of Kiwanis than what I put into it—I feel like I'm glowing when I'm helping somebody..." — Albert, California-Nevada-Hawaii District



Send Kiwanis mail to: Home Business

Member sponsor name: _____ Member ID: _____

Committee preference: Programs Service & fundraising Membership Financial review

Are you a former Kiwanian? Yes No Are you a former Key Club or CKI member? Yes No

If yes, club name(s) _____

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.

Applicant signature _____ Date (month/year) _____

"Kiwanis is an organization that reaches out to youth and helps them to become the best possible leaders that they could be." —Karina, Key Clubber