



KIWANIS MEMBERSHIP INFORMATION

PLEASE TYPE OR PRINT

KIWANIS CLUB Colorado River - Bullhead City	KEY NUMBER K08316	DISTRICT NAME OR NUMBER Southwest	STATE/PROVINCE AZ	COUNTRY USA
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PLEASE CHECK ONE

- NEW OR FORMER MEMBER ADD
 MEMBER DELETE
 MEMBER TRANSFER
 MEMBER INFORMATION CHANGE
 HONORARY MEMBERSHIP
 NON-MEMBER SUBSCRIPTION

MEMBERSHIP ID NUMBER (if transfer member)	KIWANIS LIFE MEMBER <input type="radio"/> YES <input type="radio"/> NO	KIWANIS LIFE MEMBER NUMBER	DISTRICT LIFE MEMBER <input type="radio"/> YES <input type="radio"/> NO
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MULTIPLE MEMBERSHIP <input type="radio"/> YES <input type="radio"/> NO	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER	DATE JOINED (MONTH/DAY/YEAR)
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LAST NAME	SUFFIX	FIRST NAME	MIDDLE INITIAL	PREFIX
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GENDER <input type="radio"/> M <input type="radio"/> F	DATE OF BIRTH	TELEPHONE	PREFERRED EMAIL ADDRESS
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HOME ADDRESS	CITY	STATE / PROVINCE	COUNTRY	ZIP/POSTAL CODE
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BUSINESS NAME	TITLE/POSITION	BUSINESS ADDRESS
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CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE	FAX NUMBER	BUSINESS PHONE
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SPOUSE NAME	IS SPOUSE A MEMBER <input type="radio"/> YES <input type="radio"/> NO	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER
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SEND KIWANIS MAIL TO <input type="radio"/> HOME <input type="radio"/> WORK	BILLING PREFERENCE <input type="radio"/> ANNUAL <input type="radio"/> 6 MOS <input type="radio"/> MONTHLY	SPOUSAL MAGAZINE CREDIT <input type="radio"/> YES <input type="radio"/> NO
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CHECK ONE BLOCK PER CATEGORY

PRIMARY EMPLOYMENT Codes

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 1 Banking/Finance | <input type="checkbox"/> 11 Legal | <input type="checkbox"/> 21 Real Estate | <input type="checkbox"/> 31 Agriculture |
| <input type="checkbox"/> 3 Communications/Media | <input type="checkbox"/> 13 Manufacturing (Heavy) | <input type="checkbox"/> 23 Religion | <input type="checkbox"/> 94 Other _____ |
| <input type="checkbox"/> 5 Construction | <input type="checkbox"/> 15 Manufacturing (Light) | <input type="checkbox"/> 25 Retail | |
| <input type="checkbox"/> 7 Education | <input type="checkbox"/> 17 Medical | <input type="checkbox"/> 27 Transportation | |
| <input type="checkbox"/> 9 Government | <input type="checkbox"/> 19 Nonprofit | <input type="checkbox"/> 29 Wholesale | |

JOB CLASSIFICATION Codes

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> N Elected | <input type="checkbox"/> S Supervisor |
| <input type="checkbox"/> O Management | <input type="checkbox"/> T Technical |
| <input type="checkbox"/> P Partner/Owner | <input type="checkbox"/> V Retired |
| <input type="checkbox"/> Q Professional | <input type="checkbox"/> X Other |
| <input type="checkbox"/> R Sales | |

EDUCATION ATTAINED Codes

- | | |
|--|---|
| <input type="checkbox"/> A Grade School | <input type="checkbox"/> F Master's Degree |
| <input type="checkbox"/> B High School | <input type="checkbox"/> G Graduate Professional Degree |
| <input type="checkbox"/> C Technical/Business School | <input type="checkbox"/> H College/University Attended |
| <input type="checkbox"/> D Associate Degree (2yrs) | |
| <input type="checkbox"/> E Baccalaureate Degree (4yrs) | |

New member sponsored by:
 Name: _____ ID Number: _____

PLEASE NOTE: FOR MEMBERSHIP STATISTICS ONLY. KIWANIS INTERNATIONAL DOES NOT PROVIDE MEMBERSHIP INFORMATION TO THIRD PARTIES.

- If you are a former member
 Kiwanis
 Key Club
 Kiwanis Junior
 Circle K
 Aktion Club
 K-Kids
 Builders Club

Club Name: _____ Former ID Number: _____

Date Joined: _____ Date Left: _____

TO BE COMPLETED BY CLUB

Date Approved: _____ Member Number: _____ Date Entered: _____

Background email sent: _____ Invoice Date: _____ Date email sent: _____

Please submit dues payment with application.