



New Member Application Form

WELCOME TO KIWANIS CLUB OF SKIDAWAY

- **New Member:** Please review the Application and then complete all three pages. Have the completed application and dues check in hand when attending the New Member Orientation. While the application process is being completed you are welcome to attend all meetings.
- **Sponsor:** Call the President Elect to schedule the New Member Orientation. At the completion of Orientation, sign the sponsor box of this application indicating acceptance of your responsibility to work with this new member for a minimum period of six months to insure that he or she becomes fully integrated into our club functions and activities. After the New Member Orientation, give the complete application and check to the Club Recording Secretary. The application will then be presented to the Board of Directors for consideration at the next meeting. After approval notify the President of the date for introduction to the membership at a breakfast meeting.

BOTH THE NEW MEMBER AND HIS/HER SPONSOR must attend the orientation together.

The new member Orientation is scheduled the first Thursday each month, following the regular Kiwanis breakfast meeting.

PART A. PERSONAL INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)

After completing this application, If you have a change in residence (address), phone number or E-mail address please notify the Administrative Secretary so that our club records are current and we can communicate with you without interruptions. Also we will notify Kiwanis International and the Georgia District. To change the delivery address for the Kiwanis International Magazine 'Kiwaniis' and the Georgia District publication 'The Georgia Kiwanian'.

NAME (Last, First, Middle) _____

List my name as: First-Name & Middle Initial _____ or Initial of First Name & Middle-Name _____

NICKNAME _____ SPOUSE (First Name or Nickname) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE No. _____ FAX No. _____ THE LANDINGS CLUB No. _____

E-MAIL ADDRESS _____

PREVIOUS RESIDENCE – CITY _____ STATE _____

EDUCATIONAL BACKGROUND (Schools / Degrees) _____

MEMBERSHIPS / PROFESSIONAL ORGANIZATIONS _____

Kiwanis Membership Application - continued

PART A. PERSONAL INFORMATION: (Continued)

WORK STATUS (circle one): FULL TIME, PART TIME OR RETIRED

EXPERTISE (Special Disciplines, Talents, Significant Hobbies) _____

PART B. PERSONAL INFORMATION REQUIRED BY KIWANIS INTERNATIONAL:

DATE OF BIRTH (M-D-Y) _____

ENTER ONE CODE PER CATEGORY: (The following selections are per Kiwanis International. Use your best judgment in selecting each code.)

Primary Employment	Title	Education Attained
1. Banking/Finance 3. Communication/Media 5. Construction 7. Education 9. Government 11. Legal 13. Manufacturing (Heavy) 15. Manufacturing (Light) 17. Medical 19. Non-profit 21. Real Estate 23. Religion 25. Retail 27. Transportation 29. Other 94. Other	N. Elected O. Management P. Partner/Owner Q. Professional R. Sales S. Supervision T. Technical U. Retired	A. Grade School B. High School C. Technical/Business School D. Associate Degree (2 Years) E. Baccalaureate Degree (4 Years) F. Masters Degree G. Graduate Professional Degree

PART C. CLUB RECORDS (This section for official club use only)

Received by the Recording Secretary (MDY) _____

Approved by the Board of Directors (MDY) _____

Kiwanis membership submitted to Kiwanis International and Georgia District (MDY) _____

