



# New Member Application Form

## Welcome to Kiwanis Club of Skidaway!

Thank you for your interest in becoming a member of our club, which is part of the greater Georgia District and Kiwanis International. The information you will provide in this form is needed for our club's board to consider your application, and it will help us to introduce you to other club members and assist you to get involved in areas that interest you and that can help our club succeed. Please notify us of any changes to your contact information, so we can continue to communicate with you and you can receive your copy of the Georgia District publication, *The Georgia Kiwanian*, and the Kiwanis International magazine, *Kiwanis*, without interruption.

There are two steps to completing your application: (1) fill out this form and (2) remit it with a check for your member dues. We encourage you to attend New Member Orientation with your sponsor, either before you apply to join or as shortly thereafter as possible. If you don't have a sponsor, we will be happy to identify one for you. New Member Orientation is normally held immediately following the last regular Kiwanis breakfast meeting of each month.

Upon receipt of your application and dues, our club's board will consider your application at its next meeting (currently held the second Monday of the month).

### PART A—Personal Information (Please print clearly)

Name (Last, first, middle) \_\_\_\_\_ Nickname \_\_\_\_\_

Please list my name as \_\_\_\_\_ First name/Middle initial \_\_\_\_\_ First initial/Middle name \_\_\_\_\_

Spouse/Partner (Last, first, middle) \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Landings Club # \_\_\_\_\_\*

Email address \_\_\_\_\_

\*Landings Club membership is not required to be a member of Kiwanis Club of Skidaway. Provide your account # if you wish to be able to charge your breakfast meeting food and beverages to it.

Resident in Savannah since \_\_\_\_\_. I am a \_\_\_\_\_ full-year \_\_\_\_\_ part-year resident.

Moved from (City/State) \_\_\_\_\_

Work status (Circle one) Full time Part time Retired

Prior Kiwanis Membership (Club, City, State) \_\_\_\_\_

Interests/Expertise (Special disciplines, talents, significant hobbies, areas of interest to help our club) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART B—Personal Information (Optional)

How did you find out about our club? \_\_\_\_\_

Date of Birth/Birthday \_\_\_\_\_ Educational Background \_\_\_\_\_

Memberships/Professional Affiliations \_\_\_\_\_

Anything else you'd like to ask or share? \_\_\_\_\_

## PART C—Club Membership Financial Obligation

*Our club's fiscal year runs October 1–September 30.*

**Dues for a new member** are pro-rated, based on the month the member joins, as shown in the table below. Renewals will be billed, and a full year's dues will be payable by September 30.

**There is also a family membership plan.** The first family member to join pays full dues; additional family members (living in the same household) pay a reduced rate.

Dues are payable to ***Kiwanis Club of Skidaway***. They include all dues assessments for Kiwanis International, Georgia Kiwanis and our club.

| <b>Dues for 2018-19:</b> |               | <b>Spouse/<br/>Partner</b> |
|--------------------------|---------------|----------------------------|
| <b>Month Joined</b>      | <b>Member</b> | <b>Partner</b>             |
| October–December         | \$150.00      | \$120.00                   |
| January–March            | \$125.00      | \$100.00                   |
| April–June               | \$100.00      | \$ 75.00                   |
| July–September           | \$ 75.00      | \$ 50.00                   |



## PART D—Signatures

### To the Board of Directors:

**New Member Applicant**—I apply to become a member of Kiwanis Club of Skidaway.

\_\_\_ I have completed New Member Orientation and have an understanding of what it means to be a Kiwanian.

\_\_\_ I will complete New Member Orientation as soon as possible.

I will support the club's service and fundraising activities and will work with my sponsor and club leadership to identify areas where I can get involved.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**New Member Sponsor**—I take pride in proposing the above-named applicant for membership in our club. As sponsor, I accept my responsibility to work with the new member for a minimum of 6 months, to ensure he/she becomes fully integrated into our club's activities.

\_\_\_\_\_  
Sponsor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor name (please print)

\_\_\_\_\_  
Telephone #

**Kiwanis of Skidaway**

*Serving the children of Savannah... one child at a time*

## PART E—Club Records (This section is for official club use only)

**MM/DD/YY**

New Member Orientation completed \_\_\_\_\_

Application received by the Recording Secretary \_\_\_\_\_

Application approved by the Board of Directors \_\_\_\_\_

Membership submitted to Kiwanis International and Georgia District \_\_\_\_\_