



KIWANIS MEMBERSHIP APPLICATION - INFORMATION

PLEASE TYPE OR PRINT

KIWANIS CLUB HOMESTEAD/SOUTH DADE	KIWANIS CLUB HOMESTEAD/SOUTH DADE	DISTRICT NAME/NUMBER FL - 26	STATE FL	COUNTRY USA
---	---	--	--------------------	-----------------------

PLEASE CHECK ONE

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

MEMBERSHIP ID NUMBER		KIWANIS LIFE MEMBER <input type="radio"/> YES <input type="radio"/> NO		KIWANIS LIFE MEMBER NUMBER		DISTRICT LIFE MEMBERSHIP <input type="radio"/> YES <input type="radio"/> NO			
MULTIPLE MEMBERSHIP <input type="radio"/> YES <input type="radio"/> NO		IF YES, CLUB NAME		KEY NUMBER		MEMBER ID NUMBER		DATE JOINED	
LAST NAME			SUFFIX	FIRST NAME			MIDDLE INITIAL		PREFIX
GENDER <input type="radio"/> M <input type="radio"/> F	DATE OF BIRTH		HOME PHONE		PREFERRED EMAIL ADDRESS				
HOME ADDRESS			CITY		STATE/PROVINCE		COUNTRY	ZIP CODE	
BUSINESS NAME			TITLE/POSITION			BUSINESS ADDRESS			
CITY		STATE/PROVINCE	COUNTRY	ZIP CODE	FAX NUMBER		BUSINESS PHONE		
SPOUSE NAME		IS SPOUSE A MEMBER <input type="radio"/> YES <input type="radio"/> NO		IF YES, CLUB NAME		KEY NUMBER		MEMBER NUMBER	
CHILDREN'S NAMES			GRANDCHILDREN'S NAMES			SPOUSAL MAGAZINE CREDIT <input type="radio"/> YES <input type="radio"/> NO			

SEND KIWANIS MAIL TO: HOME WORK

LEADERSHIP EXPERIENCE		OTHER CLUBS/ORGANIZATIONS		
SPORTS/HOBBIES/INTERESTS		LEVEL OF EDUCATION <input type="radio"/> GRADE SCHOOL <input type="radio"/> H.S. <input type="radio"/> AS/AA <input type="radio"/> BA/BS <input type="radio"/> MA/MS <input type="radio"/> Ph.D./Ed.D.		
WORKING IN A KIWANIS CLUB IS THE BEST WAY TO ENJOY MEMBERSHIP. PLEASE CHECK YOUR AREA(S) OF INTEREST:				
<input type="checkbox"/> Community Service	<input checked="" type="checkbox"/> Fishing Tournament (required)	<input type="checkbox"/> Sponsored Youth	<input type="checkbox"/> Programs	
<input type="checkbox"/> Interclub Relations	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Spiritual Aims	<input type="checkbox"/> Membership	
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Major Emphasis – Young Children, Priority One			

I understand that Kiwanis obligations are to attend meetings & events regularly and to pay my dues promptly.

SIGNATURE		DATE	
SPONSOR		SPONSOR	
ACCEPTED FOR MEMBERSHIP		Fax or email to: Corey Gold 786-243-8557 or coreyg@baptisthealth.net	