

PLEASE PRINT CLEARLY

Full Name:	Nickname:		Gender:
Date of birth:	Name preference for Kiwanis na	me badge: _	
Home Address:		City:	Zip:
Preferred Phone:	Cell Land line	_ Email:	
Shirt size - circle one: Small	Medium Large X-Large XX-Lar	ge	
Spouse name:	Spouse birth o	date:	Anniversary date:
Company Name:	Title/Occupation:		
Business Address:	ess Address: Business Phone:		
	WORK By providir Munication from Lehigh Kiwanis a		
Are you a former Kiwanian?	YES NO If yes, Club name	(s):	
Are you a former K-Kids, Builders Club, Key Club or CKI member? YESNO			
Committee preferences:	Programs Special Even	nts M	embership Marketing/PR
Do you have any talents or sl	ills that you feel would benefit ou	r organizati	on?
Lehigh Acres Kiwanis Dues S	chedule: The Kiwanis year runs fr ter the first year of membership, a	om Oct. 1 to	o Sept. 30.
	nembership and agree to conform plained to me by my sponsor.	-	vs of this Club and comply with the
Applicant signature:		Date: _	
New Member Sponsor:		Date: _	
Recommendation of the Mer	nbership Committee:		, Chairperson
Orientation provided by:	Date:		
Member approved by the Bo	ard of Directors: Date		
Club Secretary signature:			
Dues paid: Date: _	Cash or check #		