



Kiwaniis®

CLUB OF PALMER TOWNSHIP

NEW MEMBER APPLICATION

Full Name: _____ Nickname: _____ Gender: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Spouse/Partner Name: _____

Company Name: _____ Title: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone: _____ Email Address for Kiwanis Business: _____

Send Kiwanis mail to: Home Work Former Kiwanian: Club Name: _____

Length of Kiwanis Membership: _____ Date of Birth (mo/day/year) _____

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor.

Date: _____ Signature: _____

Check One Block Per Category							
Primary Employment				Job Classification		Education Attended	
Codes							
1	Banking/Finance	17	Medical	N	Elected	A	Grade School
3	Comm./Media	19	Non-Profit	O	Management	B	High School
5	Construction	21	Real Estate	P	Partner/Owner	C	Tech/Business School
7	Education	23	Religion	Q	Professional	D	Associates Degree
9	Government	25	Retail	R	Sales	E	BS/BA Degree
11	Legal	27	Transportation	S	Supervision	F	Master's Degree
13	Manufacturing (Heavy)	29	Wholesale	T	Technical	G	PhD Degree
15	Manufacturing (Light)	94	Other	V	Retired		
				X	Other		

For membership statistics only. Kiwanis International does not provided its membership information to third parties

Received By: _____