Kiwanis Club of Marco Island

Club Number: K14257

MEMBERSHIP APPLICATION

NAME: _____ **NICKNAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PH#: _____ **CELL PH#:** _____ **FAX #:** _____

EMAIL: _____

EMPLOYMENT INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BUSINESS PH#: _____ **FAX #:** _____

EMAIL: _____

ALTERNATE ADDRESS INFORMATION

If not a full-time resident, indicate months away:
(circle months away)

JAN FEB MARCH APRIL MAY JUNE
JULY AUG SEPT OCT NOV DEC

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PH#: _____ **CELL PH#:** _____ **FAX #:** _____

OTHER INFORMATION

Send my Kiwanis mail to: **Home:** _____ **Business:** _____

Birthday M/D: _____ **Anniversary M/D:** _____ **Spouse's Name:** _____

Who sponsored you into the club: _____

Are you a former Kiwanian: **Yes** _____ **No:** _____ **Club:** _____

Date left: _____ **Length of membership:** _____

Officer: _____ **Perfect attendance:** _____

COMMITTEE PREFERENCE

_____ **Youth Services** (Various Children's Projects)
_____ **Young Children Priority One** (Pre-Natal to 5 years old)
_____ **Human & Spiritual Vales** (Human Needs)
_____ **Fundraising**
_____ **Membership**
_____ **Community Service** (Various Community Projects)

I agree to conform to the By-Laws of the Kiwanis Club of Marco Island.

Applicant Signature: _____ **Date:** _____