

Panhandle Kiwanis of North Idaho Member Application

Full Name: _____ Nickname: _____

Gender: ___ M ___ F Date of Birth: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Spouse/Partner Name: _____

Company Name: _____ Title: _____

Business Address: _____ City/State/Zip: _____

Business Phone: _____

Email: _____ (___ Home ___ Work)

Send Kiwanis mail to: ___ Home ___ Work

If you are a former Kiwanian:

Club Name: _____

Date Left: _____

Length of Membership: _____

Lifetime member: ___yes ___ no

If yes, lifetime member #: _____

Committee Preference:

___ Club Administration

___ Young Children & Youth

___ Membership & Promotion

___ Spiritual & Human Values

___ Community Service

___ Fundraising

Kiwanis Sponsor Name: _____

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.

Applicant Signature: _____ Date: _____

