

**Kiwanis Club of Kingsport
Application For Membership**

Note: Please print a copy, fill in the blanks, and bring the Form to a Club meeting.

Name (First, Middle, Last): _____ Nickname: _____ Gender: _____

Home Address: _____ City: _____ State/Zip: _____

Home Phone: _____ E-Mail: _____ Birthday: ____/____/____

Birthplace (City, State): _____ Name of Spouse: _____

Names and Ages of Children: _____

Church Affiliation: _____

Schools Attended: High School: _____

College(s)/Degree(s): _____

Hobbies: _____

Sports/Recreation Interests: _____

Business, Civic, and Fraternal Organizations _____

And Leadership Positions Held: _____

Employer: _____ Position: _____ Work Phone: _____

Employer's Address: _____

If You Are A Former Kiwanian: Club Name/Location: _____

Are You A Life Member? _____ Life Member #: _____

Committee Preferences: 1st Choice/2nd Choice: _____/_____

If elected to membership, I agree to conform to the bylaws of the Kiwanis Club of Kingsport and comply with the obligations of membership as explained to me by a representative of the Membership Development & Welfare Committee.

Signature: _____ Date: _____

Sponsor: _____

Co-sponsor(s): _____

Date Approved By Board of Directors: _____ Committee Assignment: _____

Date Inducted: _____