**NEW MEMBER INFORMATION KOG—KIWANIS CLUB OF GRIFFIN, GA**

(Please print or write legibly)

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME CALLED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENDER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

HOME TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEND KIWANIS MAIL TO: HOME □ WORK □

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU ARE A FORMER KIWANIAN, PLEASE FILL OUT “MEMBER’S ACCOMPLISHMENTS ON**

**NEXT PAGE.**

I ACCEPT THIS APPLICATION FOR MEMBERSHIP AND AGREE TO CONFORM TO THE BYLAWS

OF THIS CLUB AND COMPLY WITH THE OBLIGATION OF MEMBERSHIP AS EXPLAINED TO ME

BY MY SPONSOR.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMITTEE PREFERENCES (PLEASE SELECT 3 OR 4)

Community Service:

□ Kiwanis One Day, □ Special Projects, □ Agriculture & Conservation, □ Human & Spiritual Values,

Youth Services:

□ Art & Talent Contest, □ Boys & Girls, □ Kiwanis Kids League, □ Scouting, □ Scholarship

Sponsored Youth:

□ K Kids, □ Builders Club, □ Key Club

Major Emphasis:

□ Young Children Priority One

Membership, Growth, and Education:

□ Education, Orientation & Retention, □ Membership Growth, □ New Club Building

Club Administration:

□ Reception, □ House, □ Program & Music, □ Special Events/Hospitality, □ Inter-Club, □ Attendance

Public Relations:

□ Bulletin, □ Club Directory, □ International Relations, □ Publicity

Fund Raising:

□ Everyone works at the Fair in October and on Pancake Day in February

CHECK ONE BLOCK PER CATEGORY(For membership statistics only, Kiwanis does not provide it’s

Membership information to third parties)

Primary Employment:

□ Banking/Finance, □ Comm/Media, □ Construction, □ Education, □ Government, □ Legal,

□ Manuf.(Heavy), □ Manuf. (Light), □ Medical, □ Non-profit, □ Real Estate, □ Religion, □ Retail,

□ Transportation, □ Wholesale, □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Classification:

□ Elected official, □ Management, □ Partner/Owner, □ Professional, □ Sales, □ Supervision,

□ Technical, □ Retired, □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Attained:

□ Grade School, □ High School, □ Tech/Bus school, □ Assoc. Degree (2 yrs),

□ Baccalaureate Degree (4 yrs), □ Master’s Degree, □ Grad. Prof. Degree

NEW MEMBER’S ACCOMPLISHMENTS (PLEASE PRINT OR WRITE LEGIBLY)

IF YOU ARE A FORMER KIWANIAN, CLUB NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE LEFT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LENGTH OF MEMBERSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL YRS OF PERFECT ATTENDANCE: \_\_\_\_\_\_\_\_\_\_

OFFICES HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWARDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU ARE LIFE MEMBER, LIFE MEMBER NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW MEMBER SPONSOR (PLEASE PRINT OR WRITE LEGIBLY)

TO THE BOARD OF DIRECTORS OF THE KIWANIS CLUB OF GRIFFIN, I TAKE PRIDE IN

SPONSORING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AS AN ACTIVE MEMBER OF THIS CLUB

AND HAVE CONFIDENCE THAT THIS INDIVIDUAL WILL BECOME A VALUABLE MEMBER.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPONSOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL CLUB MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED BY MEMBERSHIP COMMITTEE (PLEASE PRINT OR WRITE LEGIBLY)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAIRMAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ELECTED TO MEMBERSHIP BY BOARD OF DIRECTORS

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLUB SECRETARY’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_