



New Member Application & Information Form

Full Name _____ Nickname _____ Gender _____ Date of Birth _____

Home Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____

Spouse/Partner Name _____ Their Date of Birth _____ Anniversary Date _____

If Working,
Company Name _____ Title _____

Business Address _____ City _____ St _____ Zip _____

Business Phone _____ Fax Number _____

Send Kiwanis mail to: Home Work

Preferred Email Address _____

If you are a former Kiwanian: Club Name _____ Date Left (mo/day/yr) _____

Length of Membership _____ If you are a life member, life member # _____

Committee Preference:

- Club Administration
- Community Service

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: _____ Applicant Signature: _____

**A sponsor is needed to complete the application process. If you have a member sponsor, please note here _____ . If not, a sponsor will be provided to you.

How did you find our club? Website ___ Facebook ___ Member ___ Breakfast Guest ___ Other _____

Please provide a short biography (i.e. where you were born and raised, children, education, hobbies, accomplishments, what you do for fun, etc.). Please attach a separate sheet if needed:

Please mail the completed application to: Kiwanis Club of Seminole Breakfast, 3562 90th Terrace, Pinellas Park, FL 33782. You may also hand deliver the application to our Club Secretary Lee Walters at one of our weekly meetings.

Thank you. We look forward to you joining us and continuing a tradition of ordinary volunteers doing extraordinary things in our community!