

## **New Member Application & Information Form**

Full Name		_ Nickname	Gender	Date of Birth
Home Address		City	St	Zip
Home Phone	Cell	Phone		
Spouse/Partner Name		ir Date of Birth	Annivers	ary 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 memb	per#
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:			
	Date.	Applicant Signate		
	·		olication process. If you l If not, a sponsor will b	have a member sponsor, please not be provided to you.
How did you find our club?	Website Facebook _	Member Breakfa	ast Guest Other	
Please provide a short biografun, etc.). Please attach a se		born and raised, childre	en, education, hobbies,	accomplishments, what you do for

Please mail the completed application to: Kiwanis Club of Seminole Breakfast, 11020 128<sup>th</sup> Ave, Largo, FL 33778. You may also hand deliver the application to our Club Secretary David Green 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!