

# Kiwanis Club of Marco Island

Club Number: K14257



## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PH#: \_\_\_\_\_ CELL PH#: \_\_\_\_\_ FAX #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## EMPLOYMENT INFORMATION

BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
BUSINESS PH#: \_\_\_\_\_ FAX #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## ALTERNATE ADDRESS INFORMATION

If not a full-time resident, indicate months away: \_\_\_\_\_  
*(circle months away)*

JAN FEB MARCH APRIL MAY JUNE  
JULY AUG SEPT OCT NOV DEC

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PH#: \_\_\_\_\_ CELL PH#: \_\_\_\_\_ FAX #: \_\_\_\_\_

## OTHER INFORMATION

Send my Kiwanis mail to: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Birthday M/D: \_\_\_\_\_ Anniversary M/D: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Who sponsored you into the club: \_\_\_\_\_  
Are you a former Kiwanian: Yes \_\_\_\_\_ No: \_\_\_\_\_ Club: \_\_\_\_\_  
Date left: \_\_\_\_\_ Length of membership: \_\_\_\_\_  
Officer: \_\_\_\_\_ Perfect attendance: \_\_\_\_\_

## COMMITTEE PREFERENCE

\_\_\_\_ Youth Services (Various Children's Projects) \_\_\_\_\_ Young Children Priority One (Pre-Natal to 5 years old)  
\_\_\_\_ Human & Spiritual Vales (Human Needs) \_\_\_\_\_ Fundraising  
\_\_\_\_ Membership \_\_\_\_\_ Community Service (Various Community Projects)

I agree to conform to the By-Laws of the Kiwanis Club of Marco Island.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_