



Kiwaniis®

Kiwaniis Club of Atlanta Membership Application

Type of Membership: Individual _____ Corporate _____ Associate _____

Full Name: _____ Nickname: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ City _____ State _____ Zip _____

Company Name: _____ Title: _____

Business Address: _____

Bus Phone: _____ Bus Fax _____ City _____ State _____ Zip _____

Email Address: _____ Web Address: _____

Send Kiwanis Mail to: Home: ☐ Work: ☐ Date of Birth: _____ Birthplace: _____
(mo/day/yr)

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

Length of Membership _____ Life Member #: _____

Were you a member of a Service Leadership Program: Circle K _____ Key Club _____ Aktion Club _____
Dates: _____

Spouse Name: _____ Is Spouse a Member of Kiwanis? _____

Initiation Fee: \$200 Individual/Corporate Dues: \$230/quarter Associate Dues: \$130/quarter
Includes Lunch Weekly Lunch \$15/per visit

I agree to obligations of membership and to comply with the bylaws of this club.

Date: _____ Signed: _____

PLEASE CHECK ONE BLOCK PER CATEGORY			
PRIMARY EMPLOYMENT		JOB CLASSIFICATION	
Codes		Codes	
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Medical	<input type="checkbox"/> N. Elected	
<input type="checkbox"/> Comm/Media	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> O. Management	
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	<input type="checkbox"/> P. Partner/Owner	
<input type="checkbox"/> Education	<input type="checkbox"/> Religion	<input type="checkbox"/> Q. Professional	
<input type="checkbox"/> Government	<input type="checkbox"/> Retail	<input type="checkbox"/> R. Sales	
<input type="checkbox"/> Legal	<input type="checkbox"/> Technology	<input type="checkbox"/> S. Supervision	
<input type="checkbox"/> Manufact.(Heavy)	<input type="checkbox"/> Transportation	<input type="checkbox"/> T. Technical	
<input type="checkbox"/> Manufact.(Light)	<input type="checkbox"/> Wholesale	<input type="checkbox"/> V. Retired	
	<input type="checkbox"/> Other	<input type="checkbox"/> X. Other	

TO BE COMPLETED BY THE SPONSOR

Date _____ Does the nominee meet membership qualifications? _____

Signature of sponsor _____ Print name _____

Signature of endorser _____ Print name _____

Signature of Secretary _____ Print name _____

Return to: Kiwanis Club of Atlanta; 100 Edgewood Avenue, Suite 804; Atlanta, GA 30303

Phone: 404-521-1443. Fax: 404-521-1444. Email: office@kiwanisatlanta.org

