KIWANIS CLUB OF MISSOULA
MEMBERSHIP APPLICATION

Membership type

❒ New Kiwanis member ❒ Former Kiwanis member ❒ Transferring Kiwanis member

❒ Corporate Kiwanis member ❒ Former Service Leadership Program member (Key Club, Circle K, etc.)

If former or transferring member:

Club name:_____ Year/month you left club:_____

Former name (if applicable):_____

Member contact information

Full name:_____Nickname (if applicable):_____

Home address:_____
Street City Zip

Work address:_____
Street City Zip

Send Kiwanis mail to: ❒ Home ❒ Work Are you: ❒ Employed ❒ Retired/unemployed

Employer:_____ Title:_____
If retired or unemployed, list your most recent employer)

Phone Number: _____ ❒ Home ❒ Work ❒ Cell

Email: _____

Birthdate (mo/day/yr): _____ Gender:_____

Sponsor name (if none, leave blank)_____

Why do you want to join our club?

❒ To serve children ❒ To impact the community ❒ To make new friendships ❒ To Improve my leadership skills

❒ To learn about new topics/issues in our community ❒ Other:_____

Which committee(s) are you interested in (members must serve on at least one committee – see website for details):

❒ Community Service ❒ Finance & Fundraising ❒ Membership ❒ Priority One ❒ Programs

❒ Public Relations ❒ Sunshine ❒ Sponsored Youth & Adult ❒ Youth Services

Background information (optional)

Spouse/Partner Name:_____

Number of children at home and ages:_____

Boards or other community groups you serve with or on:_____

_____

Education:_____

Skills/training you bring to club (e.g., photography, social media, accounting, fundraising, etc.):_____

_____

Membership payment options (choose one)

❒ A check for my full annual payment of $648 ($252 for dues and $396 for meals) is attached. (Check payable to Kiwanis Club of Missoula)

❒ I authorize Kiwanis Club of Missoula to initiate a monthly electronic funds transfer (ETF) of $54 from my financial institution to the Kiwanis account on the 5th day of the month. The authorization will remain in effect until I notify Kiwanis of my intention of changing or terminating this authorization.

Name of financial institution: _____ ❒ checking ❒ savings

Account number:_____ Routing number:_____

PLEASE ATTACH A VOIDED CHECK BELOW FOR ETF

By completing this membership application, I agree to conform to the bylaws of this club and comply with the membership obligations as explained to me by my sponsor or membership committee representative.

Signature:_____ Date:_____

For Club use

Membership committee approval:_____ (mo/day/yr) Board of Directors Approval:_____ (mo/day/yr)

Induction date:_____ ❒ Badge made