

KIWANIS CLUB OF CAREFREE, ARIZONA

P.O. Box 1498, Carefree, Arizona 85377

Membership Application Form

Please fill form completely – Please print clearly

LAST NAME		SUFFIX	FIRST NAME		MIDDLE INITIAL	PREFIX
GENDER	DATE OF BIRTH	HOME PHONE		EMAIL ADDRESS		
MAILING ADDRESS			CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
BUSINESS NAME			TITLE/POSITION	BUSINESS ADDRESS		
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE	CELL PHONE	BUSINESS PHONE	
SPOUSE NAME		IS SPOUSE A MEMBER	IF YES, CLUB NAME	KEY NUMBER	MEMBER ID NUMBER	

Tell us about your educational background:

Tell us about your Employment History:

Are you a former member? Yes No

Former Club Name:

Former ID Number:

Date Joined:

Date Left:

Are you being sponsored by a current member? Yes No

If so, by whom:

Applicant Signature:

Date:



Kiwanis is a global organization dedicated to changing the world and one community at a time.

Your Service Contribution - We are a Service Organization

- **Please mark ALL areas of interest.**

Community Service

- | | |
|--|--|
| <input type="checkbox"/> Salvation Army Bell ringing | <input type="checkbox"/> K-Kids (Elementary School) |
| <input type="checkbox"/> Road Clean up | <input type="checkbox"/> Terrific Kids Program |
| <input type="checkbox"/> Key Club (High School) | <input type="checkbox"/> B.U.G. Program (Bring Up Grades) |
| <input type="checkbox"/> Builders Club (Middle School) | <input type="checkbox"/> Aktion Club (Special Needs Youth) |

Fund Raisers

- | | | |
|--|--|---|
| <input type="checkbox"/> Kiwanis Marketplace | <input type="checkbox"/> Pancake Breakfast | <input type="checkbox"/> Other Special Events |
|--|--|---|

Club Committees – Please Rank Top Three

- | | |
|--|---|
| <input type="checkbox"/> Kiwanis Marketplace ____ | <input type="checkbox"/> Hospitality ____ |
| <input type="checkbox"/> Budget/Finance ____ | <input type="checkbox"/> Major Projects ____ |
| <input type="checkbox"/> House Set Up ____ | <input type="checkbox"/> By Laws ____ |
| <input type="checkbox"/> Membership ____ | <input type="checkbox"/> Funds Requests ____ |
| <input type="checkbox"/> Website Management ____ | <input type="checkbox"/> Investments ____ |
| <input type="checkbox"/> Special Events ____ | <input type="checkbox"/> Risk Management ____ |
| <input type="checkbox"/> Programs/Speakers ____ | <input type="checkbox"/> Youth Health/Wellness ____ |
| <input type="checkbox"/> Marketing & Communications ____ | <input type="checkbox"/> Nominating ____ |
| <input type="checkbox"/> Scholarship ____ | <input type="checkbox"/> Building ____ |
| <input type="checkbox"/> Where Needed ____ | |

Carefree Kiwanis Club Costs (Quarterly bills are due on receipt)

- | | |
|--|----------------------------|
| • Initiation Fee (paid with application) | \$75.00 (One Time Payment) |
| • Dues & Administrative Fees | \$58.00 (Billed Quarterly) |
| • Meeting Lunches | \$11.40 (Billed Quarterly) |

Application Reviewed By: _____ Date: _____

Kiwanis Membership Applicants:

- Please complete entire Application & Sign
- Attach Check for \$75.00 – Initiation fee
- Submit completed application and check to your Member Sponsor or Steve Morse, Membership Chairman
 - P.O. Box 1460, Carefree, AZ 85377
 - Steve@SteveMorseIns.com
 - Phone: 480-488-2800