

# 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:

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Tell us about your Employment History:

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Are you a former member?  Yes  No

Former Club Name:

Former ID Number:

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Date Joined:

Date Left:

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Are you being sponsored by a current member?  Yes  No

If so, by whom:

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**Applicant Signature:**

**Date:**

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

**We are a Service Organization - What type of Service inspires you?**

**Community Service - Select ALL Areas of Interest**

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

**Fundraisers - Select up to Three**

- Pancake Breakfast                       Kiwanis Marketplace                       Other Special Event

**Club/Foundation Committees & Focused Interests - Select and Rank Top Five**

<input type="checkbox"/> Kiwanis Marketplace ____	<input type="checkbox"/> Hospitality ____	<input type="checkbox"/> Yearbook ____
<input type="checkbox"/> Budget/Finance ____	<input type="checkbox"/> Nominating ____	<input type="checkbox"/> Programs/Speakers ____
<input type="checkbox"/> House Set Up ____	<input type="checkbox"/> By Laws ____	<input type="checkbox"/> Membership ____
<input type="checkbox"/> Risk Management ____	<input type="checkbox"/> Funds Requests ____	<input type="checkbox"/> Scholarship ____
<input type="checkbox"/> Social Media & Website ____	<input type="checkbox"/> Signature Community Events ____	<input type="checkbox"/> Major Community Projects ____
<input type="checkbox"/> Youth Health & Wellness ____	<input type="checkbox"/> Marketing & Communications ____	<input type="checkbox"/> Property & Building Maintenance ____
<input type="checkbox"/> Schools & Education ____	<input type="checkbox"/> Service Leadership Program ____	<input type="checkbox"/> Accountability ____

**Carefree Kiwanis Club Costs (Quarterly bills are due upon receipt)**

- Dues & Administrative Fees (*prorated for first quarter*)      \$65.00 Billed Quarterly (or \$260 Billed Annually)
- Meeting Lunches (*price subject to change*)                      \$14.00 (Pay at Lunch OR Billed Quarterly)

Application Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Kiwanis Membership Applicants**

- Please complete entire application and sign
- Submit completed application and check to your Member Sponsor, Membership Chairman, or Kiwanis Office

Kiwanis Club of Carefree  
P.O. Box 1498  
Carefree, AZ 85377

Bob Moore  
Membership Committee Member  
ramco4032@gmail.com  
(480) 703-2421

Anne Johnson  
Membership Committee Chair  
ajohnson@dfla.org  
(480) 488-2286