KIWANIS CLUB OF CAREFREE, ARIZONA

P.O. Box 1498, Carefree, Arizona 85377

Membership Application Form

<u>Please fill form completely – Please print clearly</u>

| PREFIX | FIRST NAME | | MIDDLE INITIAL | LAST NAME | | SUFFIX | |
|-------------------------------|--------------|------------------------|----------------------|------------------------------|-----------------|------------------------------|--|
| BATE | | Toru ayayr | 110145 5115115 | | I 5 45 | | |
| DATE OF BI | IRTH | CELL PHONE | HOME PHONE | | EMAIL ADDRESS | | |
| MAILING A | DDRESS | | CITY | | STATE/PROVINCE | ZIP/POSTAL CODE | |
| BUSINESS NAME | | | TITLE/POSITION | TITLE/POSITION | | BUSINESS ADDRESS (CITY ONLY) | |
| Tell us a | about your | Highest Degree/Spec | cialty Interests/ | Skills in Scho | ool (3-5 senten | ces) * | |
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| | | | | | | | |
| Tell us | about you | r Career (3-5 sentenc | es) * | | | | |
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| Are you | ı being spo | nsored by a current r | nember? 🗌 Y e | es 🗆 No | | | |
| If so, b | y whom: | | | | | | |
| | | | | | | | |
| Previou | ıs Voluntee | ering Experience (3-5 | sentences) * | | | | |
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| How m | any hours إ | per month would you | commit to vol | unteer? | | | |
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| Commu | nity Service | e - Select ALL Areas o | f Interest | | | | |
| ☐ Service Leadership Programs | | | | ☐ K-Kids (Elementary School) | | | |
| ☐ Key Club (High School) | | | | ☐ Terrific Kids Program | | | |
| ☐ Buil | ders Club (| Middle School) | | B.U.G. Prog | ram (Bring Up | Grades) | |
| □ Akti | on Club (Sr | necial Needs Youth) | | | | | |

| Fundraisers - Select up to Three | ☐ Kiwanis Marketplace | □ Other Special Event | |
|--|--|--|--|
| Club/Foundation Committees & F | · | · | |
| · | | | |
| ☐ Kiwanis Marketplace | ☐ Hospitality | ☐ Budget/Finance | |
| ☐ Programs/Speakers | ☐ Lunch Meeting Setup | ☐ Membership | |
| ☐ Funds Request | ☐ Scholarship | ☐ Fundraising Events | |
| ☐ Schools & Education | ☐ Communications, Social Media & Website | ☐ Marketplace Property & Building Maintenance | |
| ☐ Accountability | | | |
| Meeting Lunches (pr Applicant Signature: | ice subject to change) \$15.00/lunch (Pay | at lunch with credit card or cash) Date: | |
| Kiwanis Membership Applicants | | | |
| Please complete entire applic Submit completed application Kiwanis Club of Carefree P.O. Box 1498 Carefree, AZ 85377 | cation and sign n and check to your Member Sponsor, M | lembership Chairman, or Kiwanis Office | |
| Bob Moore Membership Committee Ch ramco4032@gmail.com (480) 703-2421 | nairperson | LIWA NA | |
| Application Reviewed | | | |

By:______
Date:_____

