

# KIWANIS CLUB OF CAREFREE, ARIZONA

P.O. Box 1498, Carefree, Arizona 85377

## Membership Application Form

Please fill form completely – Please print clearly

|                 |            |                |                              |                 |
|-----------------|------------|----------------|------------------------------|-----------------|
| PREFIX          | FIRST NAME | MIDDLE INITIAL | LAST NAME                    | SUFFIX          |
| DATE OF BIRTH   | CELL PHONE | HOME PHONE     | EMAIL ADDRESS                |                 |
| MAILING ADDRESS |            | CITY           | STATE/PROVINCE               | ZIP/POSTAL CODE |
| BUSINESS NAME   |            | TITLE/POSITION | BUSINESS ADDRESS (CITY ONLY) |                 |

Tell us about your Highest Degree/Specialty Interests/Skills in School \*

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Tell us about your Career \*

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Are you being sponsored by a current member?  Yes  No

If so, by whom:

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How did you learn about Kiwanis of Carefree? \*

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Previous Volunteering Experience \*

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### Club/Foundation Committees & Focused Interests

- Kiwanis Marketplace Store
- Scholarship
- Funds Requests
- Fundraising Events
- Membership
- Communications, Social Digital Media & Website
- Schools & Education

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

- Service Leadership Programs
- Key Club (High School)
- Builders Club (Middle School)
- Aktion Club (Special Needs Youth)
- K-Kids (Elementary School)
- Terrific Kids Program
- B.U.G. Program (Bring Up Grades)

**Fundraisers - Select up to Three**

- Pancake Breakfast
- Kiwanis Marketplace
- Other Special Event

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

- One Time administrative Fees \$90 (non-refundable)
- Initial Quarterly Dues (prorated for first quarter as a member and non-refundable)
- \$65 Quarterly Dues | \$260 Annually
- Background Check fee of \$35 (paid on-line when applying for background check and non-refundable)
- Meeting lunches \$15 to be paid by credit card or cash. (price subject to change)

**An interview with the Membership Committee is part of the process.**

**Applicant Signature:** \_\_\_\_\_

**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 Chairperson  
ramco4032@gmail.com  
(480) 703-2421



Application Reviewed

By: \_\_\_\_\_

Date: \_\_\_\_\_