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 DIE	TU	CELL PHONE	HOME PHONE		EMAIL ADDRESS				
DATE OF BIRTH CELL PHONE			HOIVIE PHONE		EMAIL ADDRESS				
MAILING ADDRESS			CITY		STATE/PROVINCE	ZIP/POSTAL CODE			
			TITLE (DOCITION)		DUGUES ADDRESS (OFFICE AND A				
BUSINESS NAME			TITLE/POSITION		BUSINESS ADDRESS (CITY ONLY)				
- 11 1			1		1 ¥				
Tell us ab	out your H	ighest Degree/Specia	alty interests/S	Kills in Schoo)I [*]				
Tell us about your Career *									
A	-:								
Are you b	eing spons	ored by a current me	ember? L Yes	s □ No					
If so, by \	whom:								
How did v	ou learn al	bout Kiwanis of Care	fraa? *						
riow did y	ou learii a	bout kiwaiiis oi Cale	1166:						
						-			
Previous '	Volunteerir	ng Fynerience *							
Previous Volunteering Experience *									

Club/Foundation Committees & Focused Interests

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

Fundraisers - Select up to Three

Pancake Breakfast Kiwanis Marketplace Other Special Event

Community Service - Select ALL Areas of I	nterest				
☐ Service Leadership Programs	☐ K-Kids (Elementary School)				
☐ Key Club (High School)	☐ Terrific Kids Program				
☐ Builders Club (Middle School)	☐ B.U.G. Program (Bring Up Grades)				
☐ Aktion Club (Special Needs Youth)					
KIWANIS CLUB OF CAREFREE Fiscal Year: 10/1/24-9/30/25					
Initial membership Administrative Fee and Dues are non- refundable. Should the applicant not be approved then applicants check is returned.					
Months in Quarter Remaining: After Board Approval of New Applicant	2	1	0		
Month of Board Approval >>>	Board Approved First Month of Quarter then (2 Months Dues Due)	Board Approved Second Month of Quarter then (1 Month Dues Due)	Board Approved Third Month of Quarter then (Quarterly Dues Due)		
Non-refundable dues and fees	First Month of Quarter Starting in (October, January, April, and July)	Second Month of Quarter Starting in (November, February, May, and August)	Third Month of Quarter Starting in (December, March, June, and September)		
Prorated quarterly dues	\$43.33	\$21.67	\$65.00		
Administrative Fee	\$90.00	\$90.00	\$90.00		
Total Fees due prior to Board Approval.	\$ 133.33	\$ 111.67	\$ 155.00		
** Background check paid to Kiwanis International Vendor ** (Paid directly to KI Background Check Vendor by New Member)	\$ 35.00	\$ 35.00	\$ 35.00		
Annual dues Dues are Payable Quarterly (Subject to Change)	\$260 \$65				
Current Cost of Lunches to be paid by credit/debit card	\$15				
			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: