



KIWANIS CLUB OF FAIRVIEW HEIGHTS MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT

Yes! I am interested in applying for membership in the Kiwanis Club of Fairview Heights.

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: Male Female Date of Birth: _____ Home Phone: _____

If married, what is your spouse's name? _____ Is he/she interested in Kiwanis?

Spouse Date of Birth: _____ Anniversary Date: _____

Preferred Email Address: _____

Home Address: _____

City / State / Zip: _____

Business Name: _____ Title: _____

Business Address: _____ Business Phone: _____

City / State / Zip: _____ Cell Phone: _____

Send Club mail to: Home Work Sponsored by: _____

Kiwanis Member Name

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor.

Date: _____ Applicant Signature: _____

Are you a former member of: Kiwanis Circle K Key Club Aktion Club
 Builders Club

Club Name: _____ Former ID Number: _____

Date Joined: _____ Date Left: _____

*Remit to: Membership
Kiwanis Club of Fairview Heights
P. O. Box 3064
Fairview Heights, IL 62208*