Kiwanis
CLUB OF GLENDALE

MEMBERSHIP APPLICATION 2024-2025

Full Name _____ Nickname _____

Home Address _____
City State Zip

Home Phone (____) _____ Cell (____) _____ Business (____) _____

Company Name _____ Title _____

Business Address _____
& Street City State Zip

E-Mail Address(s) _____

Send Kiwanis mail to: ☐ Home ☐ Work Date of Birth: _____ Corporate Membership ☐
(mo/day/yr)

Spouse/Partner Name _____ Wedding Anniversary Date: _____
(mo/day/yr)

MARK ONE BLOCK PER CATEGORY

PRIMARY EMPLOYMENT
Codes

1 _____ Banking / Finance
3 _____ Comm / Media
5 _____ Construction
7 _____ Education
9 _____ Government
11 _____ Legal
13 _____ Manufact. (Heavy)
15 _____ Manufact. (Light)
17 _____ Medical
19 _____ Nonprofit
21 _____ Real Estate
23 _____ Religion
25 _____ Retail
27 _____ Transportation
29 _____ Wholesale
94 _____ Other

JOB CLASSIFCATION
Codes

N _____ Elected
O _____ Management
P _____ Partner / Owner
Q _____ Professional
R _____ Sales
S _____ Supervision
T _____ Technical
V _____ Retired
X _____ Other

EDUCATION ATTAINED

A _____ Grade School
B _____ High School
C _____ Tech. Bus. School
D _____ Assoc. Degree (2 yrs.)
E _____ Bachelor's Degree (4yrs.)
F _____ Master's Degree
G _____ Grad. Prof. Degree

Note: For membership statistics only. Kiwanis International does not provide its membership information to third parties

College/University Attended _____

Is spouse a Kiwanian? ☐ Yes ☐ No If yes, Club Name _____ Member ID Number _____

Are you a former member of ☐ Kiwanis ☐ Key Club ☐ Circle K ☐ AKtion Club ☐ K-Kids ☐ Builders Club

Club Name _____ Former ID Number _____

Date Joined (mo/day/yr) _____ Date Left (mo/day/yr) _____ Life Member # _____

Kiwanis Honors (Hixson/Legion of Honor/Zeller/Dunlap, etc.) _____

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 and the Membership Committee Chairperson.

Date: _____ Applicant Signature: _____
(mo/day/yr)

Sponsor Name: _____ Date (mo/day/yr): _____ Sponsor Signature: _____

IF MAILING THIS FORM PLEASE SEND IT TO: KIWANIS CLUB OF GLENDALE, P.O. BOX 10545, GLENDALE, CA 91209-3545

WWW.GLENDALEKIWANIS.INFO GLENDALEKIWANIS@GMAIL.COM GLENDALEKIWANISMEMBERSHIP@GMAIL.COM

Memberships are approved by the Board monthly. Dues are payable by check to Kiwanis Club of Glendale or by credit card: AmEx, MC, Visa accepted. New Members pay annual dues of $325 plus $25 membership application fee (or a prorated amount based on month of joining) so please check with the Club Secretary for the prorated amount. The Kiwanis Year runs 10/1 - 9/30 and dues are prorated based on the month membership processed. For online payment ask the Club Secretary for an E-Voice. Payment plans may be available.

Recommended by Membership Committee: Date (mo/day/yr): _____ Chairman Signature: _____

Elected to Membership by Board of Directors: Date (mo/day/yr): _____ Secretary Signature: _____