JOIN THE CLUB

Fill out the attached form and start making an impact on children's lives!

Name: _____

Nickname: _____

Address: _____

_____

City: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Email: _____

Date of Birth: _____

Spouse's Name: _____

& Age of Children: _____

Employer: _____

Position: _____

Business Address: _____

_____

City: _____ Zip: _____

Or Retired From: _____

How Long: _____

☐ Individual or ☐ Corporate

Corporation name: _____

Have you been or are you presently a member of a Civic Club? ☐ Yes ☐ No

If yes, name: _____

Committee Preference:

Child ☐ Fundraising ☐ Membership ☐

Are you a former Kiwanian? ☐ Yes ☐ No

Are you a former K-Kids, Builder Club, Key Club or CKI Member? ☐ Yes ☐ No

If yes, name: _____

Special Interests: _____

_____

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.

Signature:

_____

Date: _____

Sponsor Signature:

_____

Date: _____

Please return application with initiation fee to Club Secretary or Treasurer or mail to:

Kiwanis Club of the Sandhills
P.O. Box 2287
Southern Pines, NC 28388