Kiwanis Voices Membership Application

Thank you for your interest in Kiwanis Voices, created just for members ages 18-26. You must be of the legal age of adulthood in the state or country where the club is located.

WHY DO YOU WANT TO JOIN? (check all that apply)

☐ To help kids ☐ Community involvement ☐ Business networking ☐ To make friends ☐ Leadership skills

☐ Other _____

CONTACT INFORMATION

Full legal name* _____
LAST FIRST MIDDLE

Preferred _____

Preferred mailing address* _____
STREET

_____ ☐ Home ☐ Work
CITY STATE/PROVINCE POSTAL CODE

Phone _____

Email _____ ☐ Home ☐ Work

OTHER INFORMATION

Birthday* (MO. / DAY/ YEAR) _____ Gender _____

Spoken languages _____

Hobbies _____

Are you applying to be a new Kiwanis member? ☐ Yes ☐ No

Are you a former Service Leadership Programs member? ☐ Yes ☐ No

If your name has changed since your previous membership, please provide your former name _____

_____

By completing this application, I agree to conform to the bylaws of this club and comply with the obligations of membership.

Signature* _____

Date _____

*REQUIRED

GIGR-526-124