MEMBERSHIP APPLICATION



Full name:	CLUI	S OF EDINBORO			
Nickname:					
Home address:					
City, State, Zip:					
Home phone:	Cell phone:				
Gender: Gender					
Spouse's name: Anniversary:					
Company name:	Title:				
Business address:					
Business phone: E-mail	address:				
Send Kiwanis mail to: 🗌 Home 🗌 Business					
If you are a former Kiwanian, Club name:	Date le	ft:			
Length of membership: Life membership #:					
How did you learn about the Kiwanis Club?					
I was invited as a speaker					
Local media					
From a current member: Other:					
Other: Check one block per category					
Primary Employment	Job Classification	Education			
1.Banking/finance17.Medical3.Communication/media19.Nonprofit5.Construction21.Real estate7.Education23.Religion9.Government25.Retail11.Legal27.Transportation13.Manufacturing (heavy)29.Wholesale15.Manufacturing (light)94.Other	 N. Elected O. Management P. Partner/owner Q. Professional R. Sales S. Supervision T. Technical V. Retired X. Other 	A. Grade school B. High school C. Tech/business school D. Associate degree E. Bachelor's degree F. Master's degree G. Grad/professional degree			
For membership statistics only. Kiwanis International	does not provide membership	information to third parties.			

Before they can be accepted into the club, prospective members are required to provide reports of two security clearances. (See attached club policy.) There is no charge for these clearances if you specify "volunteer."

Criminal History -- https://epatch.state.pa.us/Home.jsp

Child Abuse History -- https://www.compass.state.pa.us/cwis/public/home

For assistance, please contact the Club Secretary at 814-734-1215 or ladyp@zoominternet.net

I agree to conform to the bylaws of this club and comply with the obligations of membership.

Applicant signature: _____

Date: _____

NEW MEMBER SPONSOR

To the Board of Directors of the Kiwanis Club of Edinboro, I take pride in proposing this new member.

Sponsor name:	 	
Co-sponsor name:	 	
Date:		

ELECTED TO MEMBERSHIP BY BOARD OF DIRECTORS

Secretary signature: _____ Date: _____

APPLICATION FEE**

If you join in	
October	\$97.00
November	\$97.00
December	\$92.00
January	\$92.00
February	\$87.00
March	\$87.00
April	\$25.00
May	\$25.00
June	\$25.00
July	\$25.00
August	\$25.00
September	\$25.00

ANNUAL DUES**

(October 1 thru September 30)

	Inter	International*		District		Club		Total	
Single	\$	77.00	\$	35.00	\$	4.00	\$	116.00	
Married	\$	146.00	\$	70.00	\$	8.00	\$	224.00	
District Life	\$	77.00			\$	4.00	\$	81.00	
Int/District Life	\$	25.00			\$	4.00	\$	29.00	
* Dues \$52, magazine \$8, insurance \$17									

**As of October 1, 2015

The application fee will cover your dues until September 30.

RETURN COMPLETED APPLICATION TO:

Edinboro Kiwanis 165 Imperial Way Edinboro, PA 16412

QUESTIONS: Contact Patti Loomis, Club Secretary - ladyp@coaxpa.com, 814-734-1215