

# JOIN THE CLUB

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

# RECEIPT

Full name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Date of birth \_\_\_\_\_ Spouse/partner name \_\_\_\_\_

Primary address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Postal code \_\_\_\_\_

Preferred phone \_\_\_\_\_  cell  home  work Email \_\_\_\_\_

Joining as  member  corporate member Company name \_\_\_\_\_

By providing my email address, I recognize that I am opting to receiving regular communication from Kiwanis International.

Initial \_\_\_\_\_ Date (month/year) \_\_\_\_\_

New member name

\_\_\_\_\_

\_\_\_\_\_

cash

check

Amount \_\_\_\_\_

Recieved by

\_\_\_\_\_

\_\_\_\_\_

*"I get more out of Kiwanis than what I put into it—I feel like I'm glowing when I'm helping somebody..."* – Albert, California-Nevada-Hawaii District