



MEMBERSHIP APPLICATION

Sponsor Name: _____

To the Board of Directors of the Kiwanis Club of La Mirada:

I am submitting this application in the hopes that I may join your club in making a difference in the community "One Child One Community at a Time".

Please Print

Name: _____ Nickname: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

email: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax Number: _____

Educational Background: _____

List memberships in other business, professional or service organizations: _____

How long have you lived or worked in our community? _____

What are your hobbies and/or interests? _____

Are you a former Kiwanian, Key Club member or Circle K member? _____

If so, how long? _____ Club Offices held: _____

Kiwanis activities in which you have been involved: _____

Personal Info (optional)

Your Birthday: _____

Spouse's Name: _____ Spouse's Nickname: _____

Spouse's Birthday: _____ Wedding Anniversary: _____

List children's name(s) and current ages: _____

Do you know any current Kiwanians in the La Mirada Club? _____

Best time to contact you to discuss your application? _____

The Kiwanis Club of La Mirada meets every Wednesday at 7:15 am and the first Thursday at 7:00pm.

Are you interested in joining the Morning Club or the Evening Club? _____

Note: There is an initial fee of \$75 to join Kiwanis International.

Fax application to (714) 670-0189 or mail to PO Box 116, La Mirada, CA 90637