



APPLICATION FOR MEMBERSHIP KIWANIS CLUB OF GARDEN CITY, INC.

Name	Nickname	Spouse's First Name
Home Address	City & Zip Code	Home Phone
Firm Name	Type of Business	Title of Your Position
Business Address	City & Zip Code	Business Phone
Fax Number	E-mail Address	Kiwanis Sponsor
Your Birthday () Yes () No	Wedding Anniversary	Years Lived or Worked in the Community
Are You a Former Kiwanian?	Name of Club	

Where do you prefer Kiwanis mail sent? () Home Address () Business Address

First names & ages of children: _____

Membership in business, professional and community organizations: _____

In what sports do you engage? _____

What musical instruments do you play? _____ Do you sing? _____

To actively participate in our Kiwanis Club is the best way to enjoy membership. Which of the following major Club activities interest you?

SERVICE

- () Island Harvest (Food Run)
- () Foundation Giving
(Community Outreach)
- () Kamp Kiwanis
- () Key Club (High School)
- () Circle K Club (Adelphi)
- () Clothing/Food Drives
- () Star Program (Christmas gifts)

FELLOWSHIP

- () St. Patrick's Day Luncheon
- () Holiday Party (December)
- () Sailing Trip (July)
- () Fishing Trip (August)
- () Installation (October)
- () Interclubs with other
Kiwaniis clubs

SUPPORT

- () Newsletter
- () Publicity
- () Website
- () Membership Development
- () Program & Music
- () Fundraising
- () Spiritual Aims
- () Education & Attendance
- () Hospitality

What would you like to see our Kiwanis Club undertake for the good of the community? _____

Date: _____ Signed _____