



Membership Information Blank

Kiwaniis Club of Moorabbin.

Name _____	Nickname _____
Home Address _____	Home Phone _____
Company Name _____	Type Of Business _____
Business Address _____	Business Phone _____

Title of your position. _____

Educational Background _____

Where do you prefer Kiwanis Mail sent? Home Address Business Address

Are you a former Kiwanian? Yes No Name of Club _____

Length of membership _____ How long have you lived in our Community? _____

Who was your Kiwanis Sponsor? _____

Your Birthday _____ Wedding Anniversary? _____

Partner's Birthday _____ Partner's first name or Nickname _____

First Name & ages of Children _____

Membership in business & professional organizations:

What are your Hobbies? _____

Would you prefer that your first committee assignment in this club be related to:

Club Administration (Club meetings, Programs, Membership Development, the Club Bulletin etc.)

Community Service (Direct Service to Children, Youth, Adults, Assistance in solving Community concerns etc.)

What do you see as the most important need(s) of this community now?

Date _____ Signed _____

This information blank is to be presented to each new member immediately after his proposal is accepted by the board of directors and is to be returned to the club secretary prior to the new member's induction.