

JOIN THE CLUB

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



Full Name: _____ Nick Name: _____

Gender: _____ Date of Birth: _____ Spouse/Partner Name: _____

Sponsor Name (if applicable): _____

Company Name: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Mobile Phone: _____

Email: _____

By providing my email address, I recognize that I am opting to receive regular communication from the Kiwanis Club of Tampa and Kiwanis International

Committee Interest:

Programs	Service	Fundraising	Service Leadership Programs
Marketing	Membership	Key Clubs	Ramps & Construction
BBQ	Duck Race	Interclubs	Support for the Elderly
Scholarship	Terrific Kids	Be Wise Immunize	Children's Christmas Party
	USF Circle K	Paint Your Heart Out	

Are you a former Kiwanian? Yes No

Are you a former K-Kids, Builders Club, Key Club, or CKI member? Yes No (If yes please provide club names)

Membership Types

General Member

Billed Quarterly
Meals Billed Separately
Annual Total = \$420 + meals

Corporate Member

Billed Quarterly
2 Corporation Members
Meals Billed Separately
Annual Total = \$720 + meals

Former SLP

Billed Quarterly
Meals Billed Separately
Annual Total = meal costs only

Clergy Member

Billed Quarterly
Meals Billed Separately
Annual Total = \$240 + meals

Applicant Signature: _____

Date: _____

New Member Application

Fee = \$106.00

Date Paid: _____

Payment Type: _____