



**Kiwaniis**  
CLUB OF TWIN FALLS

New Member Information Form

Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Home address:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Send Kiwanis mail to: Home or Work

If you are a former Kiwanian: Which Club \_\_\_\_\_

Date Left (mo/day/yr) \_\_\_\_\_ Length of Membership \_\_\_\_\_

If you are a life member, life member # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Committee Preference Club Administration Community Service

I accept this application for membership and agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Received by \_\_\_\_\_

Board action \_\_\_\_\_

Please mail back to:  
**Kiwanis Club of Twin Falls**  
**PO Box 855**  
**Twin Falls, ID 83303**