Membership Application

Kiwanis CLUB OF MADISON WEST

Send to: Leroy Baker, Secretary
418 Samuel Dr
Madison, WI 537117
Or email: lebaker@chorus.net

Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home email address: _____

Cell Phone: _____

Employer Name: _____ Business Type: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Business Phone: _____ Business Fax: _____

Business Email: _____ Business Website: _____

Education Background: _____

Birthdate: _____ Spouse Name: _____

Where should we send mail? ☐Home ☐Business:

Have you belonged to a service club before? ☐No ☐Yes (when/where?)

_____

Membership in Business or Professional Organizations: _____

Hobbies: _____

Which club committee would you prefer to serve with:

☐Club Meetings and Administration ☐Human and Spiritual Values

☐Membership Growth & Future Planning ☐Public Relations

Applicant Signature: _____ Date: _____

Sponsor Signature: _____