

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 Membership Service Leadership Programs
 Ramps & Construction Marketing Support of the Elderly Casino Night Duck Race BBQ
 Golf Tournament Children's Christmas Party Be Wise Immunize

Are you a former Kiwanian? Yes No Are you a former K-Kids, Builders Club, Key Club, or CKI member? Yes No

If yes, club names(s): _____

Membership Types:

Regular Member

Billed quarterly
Weekly lunch meetings
Costs of meals are included Annual total = \$1,100.00

Intermediate

Billed quarterly
Under 30 years of age
Meals billed separately
Annual total = \$200.00 plus meals

Corporate Member

Billed quarterly
2 corporation members
Cost of one meal included
Annual total = \$1,500.00

Satellite Member

Billed quarterly
Meets after hours once a month
Meals billed separately
Annual total = \$200.00 plus meals

Former SLP

Billed quarterly
2 years of complimentary international and district dues
Meals billed separately
Annual total = meal costs only

Family Member

Billed quarterly
Partner/spouse of Kiwanian
Meals billed separately
Annual total = \$122.00 plus meals

Clergy Member

Billed quarterly
Meals billed separately
Annual total = \$200.00 plus meals

Applicant Signature: _____

Date: _____

New Member
Application Fee = \$106.00
Date Paid: _____
Payment Type: _____