

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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Regular Member
Billed quarterly
Weekly lunch meetings
Costs of meals are included
Annual total = \$1,010.00 | <input type="checkbox"/> Intermediate
Billed quarterly
Under 30 years of age
Meals billed separately
Annual total = \$150.00 plus meals | <input type="checkbox"/> Corporate Member
Billed quarterly
Primary corporation member
Cost of one meal included
Annual total = \$1,130.00 | <input type="checkbox"/> Satellite Member
Billed quarterly
Meets after hours once a month
Meals billed separately
Annual total = \$134.00 plus meals |
| <input type="checkbox"/> Former SLP
Billed quarterly
2 years of complimentary international and district dues
Meals billed separately
Annual total = \$134.00 plus meals | <input type="checkbox"/> Family Member
Billed quarterly
Partner/spouse of Kiwanian
Meals billed separately
Annual total = \$117.00 plus meals | <input type="checkbox"/> Clergy Member
Billed quarterly
Meals billed separately
Annual total = \$230.00 plus meals | |

Applicant Signature: _____

Date: _____

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