



one community and one child at a time in McHenry County, IL

Crystal Lake Kiwanis Club Membership Application

Name:

Home Address:

Home Phone:

Company Name:

Company Address:

Business Phone:

Cell Phone

Email Address:

Website Address:

Birthdate 00/00/000

Former Kiwanis Member? Club Name:

Former Kiwanis Club Location:

Length of Service:

How did you hear of Kiwanis Club CL?

If recommended, please provide name:

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.

Signature _____ Date: _____