



Monument Hill Kiwanis Club



PO Box 102 Monument, CO 80132

Application to Join Monument Hill Kiwanis

NAME: _____ **BUSINESS:** _____

DATE OF BIRTH: _____ **JOB TITLE:** _____

ADDRESS: _____ **BUSINESS:** _____

EMAIL: _____ **BUSINESS:** _____

PHONE'S HOME: _____ **BUSINESS:** _____
MOBILE: _____ **MOBILE:** _____
FAX: _____ **FAX:** _____

SPOUSE NAME: _____ **BUSINESS:** _____

How did you hear about Monument Hill Kiwanis?

INTERNAL USE ONLY

This application is accompanied with a remittance of \$ _____ in payment of the Club Application Fee.
During your first year, you will pay dues at the beginning of each of _____ billing quarters in the amount of
\$ _____ plus the cost of meals and any other charges you may incur during the billing quarter.

Thereafter, your dues will be \$ _____ per quarter at current rates.

Date of Application _____ Sponsor: _____

Date Recommended by Membership Committee: _____

Date Approved by MHK Board of Directors: _____