

Membership Application



Civitan International

Thanks for applying to become a member of Civitan! Please fill out the application below and turn in to your club secretary (or another club officer).

Civitan Club name: Idaho Falls

Applicant's Name: _____

Sponsor Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home Telephone (area code first): _____ Business: _____ Cell: _____

E-mail address: _____

Employer: _____ Title: _____

Other civic activities: _____

T-Shirt size: _____ Date of Birth: _____

Areas of interest for Civitan club involvement:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Youth Work | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Community Projects | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Publicity | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Awards |
| <input type="checkbox"/> Junior Civitan | <input type="checkbox"/> New Club Building | <input type="checkbox"/> Senior citizen outreach | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Active Member (\$125 dues per quarter, includes lunches) Project Member (\$40 dues per quarter, lunch \$11 per meeting)

Optional demographic information: Male Female Married

No. of children: _____ Spouse's Name (if applicable) _____

I authorize the Civitan Club of Idaho Falls to publish my contact information and distribute it as part of a club roster to other club members.

I hereby request membership in the Idaho Falls Civitan Club. Upon acceptance, I agree to be subject to its bylaws and official policies. I also agree to pay any necessary initiation fees, and regular dues to the club, district, and Civitan International, as billed by the club.

Applicant signature Date _____

Applicants: Please turn this in to the secretary or president of your prospective Civitan club.

Club secretaries: please keep this form for your own records. Upon acceptance of the new member, please send an Add/Delete form to the Membership Department at International Headquarters.

For use by Transfer and Reinstated Members only: (includes former Campus Civitans and former Junior Civitans)

Former Civitan club: _____ Date of membership in former club: _____

Name while a member of former club: _____

Club location (city, state/province): _____