



Kiwanis®

SHALLOTTE-SBI

Business Membership Application

Legal Name of Business:

Kiwanis Club Sponsor's Names:

Club Representative Legal Name:

Membership Type: Brunswick County Chamber of Commerce Other

Business Contact Information:

Business Name:

Address:

Phone

number

Email:

By completing this application for membership, I agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor. I understand annual dues will apply.

Printed Business Contact Name:

Signature:

Date: _____

Representative Contact Information:

Name:

Address:

Cell

Number _____

Email: _____

Birthdate mm/dd/year: _____ (necessary for background check)

By completing this application for membership, I agree to conform to the bylaws of this club and comply with the obligations of membership as explained to me by my sponsor. I understand annual dues will apply.

Printed Representative

Name: _____

Signature:

Date: _____