



# Kiwanis®

## SHALLOTTE-SBI

### **Business Membership Application**

Legal Name of Business:

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Kiwanis Club Sponsor's Names:

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Club Representative Legal Name:

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Membership Type: \_\_\_\_ Brunswick County Chamber of Commerce \_\_\_\_ Other

### **Business Contact Information:**

Business Name:

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Address:

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Phone

number

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Email:

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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:\_\_\_\_\_