

# 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: \_\_\_\_\_

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: \_\_\_\_\_

## 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) _____ |  |  |   |

Optional demographic information:  Male  Female  Married

No. of children: \_\_\_\_ Date of birth: \_\_\_\_\_ Spouse's Name (if applicable) \_\_\_\_\_

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I hereby request membership in the \_\_\_\_\_ 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.

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant signature

*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.*

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## 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): \_\_\_\_\_