Membership Application



Civitan International

Thanks for applying to become	e a member of Civitan! Pleas	se fill out the application below and turn in	n 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 coo	de first):	Business:	Cell:	
E-mail address:				
Employer:		Title:		
Other civic activities:				
Areas of interest for Civitan	club involvement:			
☐ Youth Work	☐ Fundraising	☐ Community Projects	☐ Social Activities	
☐ Budget/Finance	Publicity	☐ Special Olympics	☐ Awards	
☐ Junior Civitan		ing Senior citizen outreach	☐ People with disabilities	
☐ Other (please spec	ify)			
I hereby request membersh	of birth: Spouse	's Name (if applicable) Civitan Club. Upon acceptan	mce, I agree to be subject to its bylaws and e club, district, and Civitan International, as	
		Date		
Applicant signature				
Applicants: Please turn t	this in to the secretary	or president of your prospective	Civitan club.	
		r own records. Upon acceptance nt at International Headquarters.	e of the new member, please send an	
For use by Transfe (includes former Campus C				
Former Civitan club:		Date of members	Date of membership in former club:	
Name while a member of fo	ormer club:			
Club location (city, state/pro	ovince):			