

Aktion Clubs of Ohio

Aktion Club: _____

Date: _____

New Member Name: _____

Address: _____

Phone: _____ / _____ - _____

Birthdate: _____
(month) (date) (year)

Employed at: _____

Member sponsor: _____

By submitting my Aktion Club Application, I agree to uphold the standards and bylaws of Aktion Club and Kiwanis.

Club approved membership:

(month) (date) (year)

Installed:

(month) (date) (year)

Paid Dues: \$ _____

(month) (date) (year)

Aktion Club President's Signature:

_____ date: _____

