



Campus Civitan

Application for Membership

Please print. Make additional copies as needed.

Name _____ Campus Civitan Club _____

Email _____ School Telephone _____

School Address _____

City, State/Province, Postal Code _____

Summer/Home Address _____ Telephone _____

City, State/Province, Postal Code _____

School Attending _____ Date of Graduation _____

Classification _____

Major _____

Other organizations/activities _____

Optional information Male Female

Single Married

Birth Date _____

Former Civitan Club (if applicable) _____

Location _____

Indicate your special interest areas for Civitan Club work:

Fund Raising Community Projects Social Activities

Programs Publicity Membership Growth

Awards Information Technology Newsletter

Other (specify) _____

Completed By New Members Only

I hereby request membership in the

Civitan Club. Upon acceptance, I agree to be subject to its Constitution, Bylaws, and official policies. I agree to pay the sum of \$5.00 as an initiation fee, in addition to annual club and Civitan International dues. I understand that \$2.00 of the Civitan International annual dues applies to liability insurance.

Signature of Applicant

Date

Completed By Former Junior Civitans, Transfers or Reinstated Members Only

I hereby request membership in the

Civitan Club. Upon acceptance, I agree to be subject to its Constitution, Bylaws, and official policies. I agree to pay annual club and Civitan International dues. I understand that \$2.00 of the Civitan International annual dues applies to liability insurance, and that my initiation fee is waived.

Signature of Applicant

Date