KIN CANADA				
APPLICATION FOR MEMBERSHIP				
I hereby propose the following c	andidate for membership in			
The Kinsmen Club of Bra				
and conscientiously believe the following information to be true				
Name in Full:				
Nickname:				
Street:				
City: Province: C	Intario Postal Code:			
Home Phone Fax	Cell			
Home Email:				
Work Email:				
Work Email: Occupation: Date of Does Candidate work or live in this Community?	Birth: Age			
Does Candidate work or live in this Community?	Yes No No			
Has the Candidate ever been a member of Kin Car	hada? If yes; where & when?			
Skills, Experience & Interests (Present/previous employment, community or volunteer involvement)				
Name of Spouse:	Yes No			
Initiation Fee \$45.00 Mem-	bership Dues (per year)			
(must accompany application)				
Proposer				
Seconder				
All applicants may undergo screening and appropriate police checks to ensure their safety.				
"I hereby request Membership in				
The Kinsmen Club of Brantford,				
Incorporated				
Upon acceptance, I agree to be subject to its	Report by Board of Directors			
Constitution, by-laws and official policies, and	No objection having been made the			
agree to pay the regular dues of the Club, Zone,	Candidate is recommended to the General			
District and National Association as	Membership for acceptance by two-thirds			
levied by the Club.	of the entire Board of Directors this			
	day of 20			
Signature of Applicant				
Date :				
BOTH sides of this Application MUST BE COMPLETED				

Kin Canada seeks to protect its members, volunteers, employees and the communities it serves. References are required for all new applicants. Background checks may be required at any time for a number of positions or events. I understand that I do not have to agree to these background checks and that to do so will not preclude me from being a Kin Canada member, but that refusal to do so may exclude me from holding certain executive Positions and /or participating in events that include children and other vulnerable sectors. Upon acceptance, I agree to be subject to Kin Canada's General Operating Bylaws and it's official policies.

DECLARATION OF CANDIDATE:

I hereby declare that all information on this Application Form is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from consideration as a member or result in termination of my membership.

Signature: _____ Date: _____

Authorization for collection of personal information:

I, _______(name of applicant), authorize Kin Canada to collect personal information concerning my academic background and employment /volunteering history, and to verify the character references I have supplied. I understand that the information obtained will be confidential and shared within Kin Canada only. Signature: Date:

If for any reason this application does not move forward Kin Canada promises to discard all personal information provided on this application.

REFERENCES - One personal and one business or professional

1.Name:			
Address:			
Municipality:		Province:	
Postal Code:	Phone:		
Email Address::			
2.Name:			
Address:			
Municipality:		Province:	
Postal Code:	Phone:		
Email Address:			

DECLARATION OF SPONSOR

I hereby declare that the above applicant is a personal acquaintance of mine. I understand that by agreeing to be the applicant sponsor that I am vouching on his behalf that he/she is a person of good character. Signature: Date: _____

Report by General Meeting of the Club:

- 2. A simple majority vote is required for the candidate to be accepted as a member;
- 3. Voting shall be by secret ballot unless a motion to be exempt has been made;
- 4. Should there be a negative ballot the candidate shall not be accepted as a member.