

Membership Application



Civitan International

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) _____ | | | |

By initialing or placing a check on each line item below, I expressly consent for my personal information, provided in this application, to be transferred to, shared by and processed by the following entities, and I acknowledge and accept the risks associated with such actions. I understand that the countries or locations where the information will be transferred may not provide an adequate level of data protection based on European Union or other nations' standards, and the supervisory authority, data processing principles and data subject rights may not be similarly provided in such countries or locations:

_____ My local, district, region and/or division Civitan International affiliated organizations;

_____ Civitan International, headquartered in the United States; and

_____ Processors of membership data freely engaged by Civitan International at its reasonable discretion.

_____ I consent to Civitan International and its affiliated organizations sending me marketing and fundraising communications, understanding that I can opt out of such communications at any time.

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 into 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.

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): _____