



# MEMBERSHIP REQUEST FORM

**Please note:** Our Membership is open to all males over the age of 19 within the communities in which we operate – currently the Regions of Brantford & County of

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of application: \_\_\_\_\_

1. Why do you want to join Kinsmen? \_\_\_\_\_

2. Are you in good standing within the community?: Yes  No

3. Have you been involved with other service clubs or volunteered before? Please specify.  
\_\_\_\_\_  
\_\_\_\_\_

4. If so please specify the purpose(s) of your organization. Identify your role in the organization.  
\_\_\_\_\_  
\_\_\_\_\_

5. How do you think that you can benefit our organization?  
\_\_\_\_\_  
\_\_\_\_\_

6. Will you be able to attend some general meetings and various community events? Yes  No

7. Please add any other comments you feel would assist the Membership Committee in coming to a decision.  
\_\_\_\_\_  
\_\_\_\_\_

8. How do you think the Kinsmen can benefit you?  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this completed application form, along with information that would be helpful for our review of your Membership request to:

**Kinsmen Club of Brantford Inc.  
Membership Committee  
25 North Park Street  
Brantford ON N3R 4J4  
Fax: 519-752-6184**

