

# KINDER KEY MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment/Position (optional): \_\_\_\_\_

Birthday (optional): \_\_\_\_\_

Spouse name (optional): \_\_\_\_\_ Kids (optional): \_\_\_\_\_

Referring Member (optional): \_\_\_\_\_

As an active member of Kinder Key of Nationwide Children's Hospital, I agree to:

1. Serve as a member for a minimum of three (3) years.
2. Pay annual membership dues of \$25.
3. Attend General Membership meetings and Committee meetings.
4. Participate actively in the annual Caroling Drive.
5. Serve on at least one (1) Committee each year.
6. Participate in Kinder Key's Denim & Diamonds either serving on the event committee, working in a volunteer area the evening of the event, and/or purchasing an event ticket or raffle ticket.
7. Attend the Annual Meeting held every April/May.
8. Participate in officer or chair elections each year of my three year commitment.
9. Uphold the Code of Regulations.

- ☐ I would like to continue/join as an ACTIVE MEMBER (\$25)
- ☐ I have served at least three years as an active member and would like to become a SUSTAINING MEMBER (\$25)
- ☐ I have NOT served at least three years as an active member but would like to become an early departure sustaining member (\$75)
- ☐ I am not interested in continuing my membership but would like to make a donation to Kinder Key.

Please mail Membership Forms to Nationwide Children's Hospital Foundation  
Attn: Kinder Key, P.O. Box 16810, Columbus, Ohio 43216-6810

