Junior Service League of Greater New Port Richey
P.O. Box 412, NPR, FL 34656

Application for Membership

Name:_____DOB: (MM/DD)_____

Address:_____

Email: _____Cell Phone:_____

Emergency Contact: _____Phone Number:_____

Family or Friends in JSL:_____

Volunteer Experience:_____

Present Affiliations (Clubs, Church, Schools, etc):_____

_____

_____

Why would you like to become a member of Junior Service League?_____

_____

_____

_____

Signature of Applicant/Date:_____

Please include $25.00 application fee

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(To be completed by Junior Service League)

Notes:_____

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_____

Signature of Sponsor/Date:_____

Board Approval/Date:_____Application Fee/Dues Received:_____