



Membership Application

Thank you for taking an interest in the Delta County Jaycees. The following information will help us to get to know you better. We'll also place you on our mailing list for our newsletter.

Today's Date _____

1. _____
Name

4. _____
Cell Phone

2. _____
Street

5. _____
Birth Date (MM/DD/YY)

_____ City State Zip

6. _____
Signature of Applicant

3. _____
Home Phone

7. _____
E-mail Address

8. How did you hear about the Delta County Jaycees? Were you referred by anybody?

9. How long have you lived in the Delta County Area?

10. Where do you work and what is your position?

11. What are your hobbies or interests?

12. Are you: Married or Single? Please Check one.

13. Do you have any children? What are their names and ages?

14. New member dues are: \$75 per person. Annual renewal fee is \$65 per person. Please make your check payable to: **The Delta County Jaycees** if you are interested in joining. These rates are subject to change by the Board of Directors.

15. When you join, how would you like your name printed on your name badge? What size t-shirt do you need?

<i>For office use:</i>	<i>Date</i>
<input type="checkbox"/> Completed Application - Items 1-8, 14 & 15. Write check number in Item 14.	_____
<input type="checkbox"/> Application Approved by the Board of Directors.	_____
<input type="checkbox"/> Letter Sent by Chapter President.	_____
<input type="checkbox"/> Newsletter Editor Notified.	_____
<input type="checkbox"/> Name tag Issued.	_____