Staunton Augusta Junior Women's Club
MEMBERSHIP APPLICATION

Name: _____
First Middle Last

Address: _____
Street City Zip Code

Telephone: _____
Home Work Other

Email: _____
Home Work

Date of Birth: _____

Occupation: _____

Dates of meetings attended: _____

List SAJWC projects/activities attended: _____

How did you learn about SAJWC: _____

The following information is not a required part of your application, but it will be helpful to the club in getting to know you better.

List other clubs/organizations membership: _____

Resident of Staunton/Augusta County? _____ **If yes, since when:** _____

Special Talents and Interests: _____

Juniors Departments/Committees - List top three areas of interest:

(1) _____ **(2)** _____ **(3)** _____

Return this application to Tara Roberts or mail it to:
P.O. Box 2253, Staunton, VA 24401.
If you have any questions contact Tara Roberts at 487-0838 or email her at robertst@valleytech.us

For Membership Committee Use Only

_____ Meets Membership Requirements
_____ Board Approval of Membership
_____ Letter of Invitation/Acknowledgment Sent
_____ Letter of Acceptance Received
_____ Committees Assigned
_____ Dues Paid ($_____)
_____ Membership Effective Date
_____ Nametag & Handbook Given
_____ Added to Membership Roster
_____ Welcome Letter Sent