## 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 Birt	h:		
Occupation	<u> </u>		
Dates of me	etings attende	d:	
List SAJW(	- C projects/acti	vities attended:	
How ala you	i iearn about s	SAJWC:	
	_		your application, but it will be helpful
to the club in	getting to kno	w you better.	
List other cl	ubs/organizati	ions membership:	
Resident of	Staunton/Aug	usta County?	If yes, since when:
Special Tale	nts and Intere	ests:	
Juniors Dep	artments/Con	nmittees - List top three	e areas of interest:
(1)		(2)	(3)
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Doturn this	annlication to	Tara Roberts or mail i	it to:
	53, Staunton, '		it to.
		contact Tara Roberts a	at 487-0838 or email
	76@gmail.com		
		F M	or Har Only
<b>N</b> 1/2		For Membership Committee	
	ts Membership R rd Approval of M		Dues Paid (\$)  Membership Effective Date
		cknowledgment Sent	Nametag & Handbook Given
	er of Acceptance		Added to Membership Roster
	mittees Assigned		Welcome Letter Sent