

**Arlington JUNIORETTES
2017 MEMBERSHIP FORM**

Name:
Grade:
School:
Address:
Home Phone #:
Cell Phone #:
Birthday: / /
E-mail:
Parent Name(s):
Parent E-mail(s):
Parent Cell Phone(s):
Parents, please read and sign:

I hereby grant permission for use of photographs of my daughter to be used for the purpose of promoting Junioresettes' activities.

Date:

I hereby release the GFWC, JWCA, and its members and chaperones from any claims or liability connected with or arising from my daughter's participation at events and meetings.

Date:

Emergency Contact Name & Phone:

Annual Dues are **\$25.00**. Please make checks payable to Arlington Junioresettes.

Mail to: JWCA/Junioresettes PO Box 61 Kearny NJ 07032

Application Date: / /

Dues Paid: Cash:

Check#