



Arlington Juniorettes 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 Juniorettes' activities.

_____ *Date:* _____

I hereby release the GFWC, NJSFWC, 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 **\$35.00**. Please make checks payable to Junior Woman's Club of Arlington.
Mail to: JWCA/Juniorettes, PO Box 61, Kearny, New Jersey 07032

Application Date: ____/____/____

Dues Paid: Cash: _____ Check# _____ Paypal: _____

Received By: _____