|  |  |
| --- | --- |
|  | New Member Application |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cell Phone:  |  | Birthdate: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about the Junior League of Syracuse: |  |  |  |

Name of member that referred you (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rank (1-5) your reasons for wanting to join the Junior League of Syracuse:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_ Volunteer Opportunities | \_\_\_\_\_\_\_\_\_\_Meet New People |
| \_\_\_\_\_\_\_\_\_\_ Training | \_\_\_\_\_\_\_\_\_\_ Networking |
| \_\_\_\_\_\_\_\_\_\_ Leadership | \_\_\_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please send to the JLS Office electronically or mail:

The Junior League of Syracuse

431 East Fayette St.

Syracuse, NY 13202

Phone: (315) 423-9773

Fax: (315) 471-1464

office@jlsyracuse.org