



NJWC Juniores Membership Application \$25/year Dues (checks payable to NJWC)

Contact Information:

Name _____

Address _____

City, State, Zip Code _____

Cell Phone _____ Email Address _____

School Attending/Year in School _____

Date of Birth _____

Previous Volunteer Experience:

Person to Notify in Case of Emergency:

Name _____

Home Phone/Work Phone _____

Cell Phone _____ Email Address _____

Agreement and Parent's Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I have read the membership requirements and hereby submit my application for consideration. I understand that photos may be taken and published. My parents approve of my Juniores membership and have signed below.

Applicant's Signature _____

Parent's Name (printed) _____

Parent's Signature _____

Date _____