

ESO PLEDGE APPLICATION

Please copy and complete the following application and send it to your state ESO chairman. This form will be used to track your progress as an ESO member through the ESO Levels.

NAME _____ DATE _____

ADDRESS _____

CITY, STATE, ZIP _____

CLUB _____ DISTRICT _____

PHONE _____ EMAIL _____

I hereby agree to pursue the goals of ESO and to participate in ESO programs.

Signature

Make check for \$1.50 payable to **GFWC Virginia**
Mail application and check to: Ilia Desjardins
840 Trout Street
Staunton, VA 24401
ESO@gfwcvirginia.org

**** Please copy this form before using as to have it for the second year of the administration.
This form will not be reprinted in the supplement.****