

**LIBERTYVILLE JUNIOR WOMAN'S CLUB  
MEMBERSHIP APPLICATION**

P.O. Box 893 Libertyville IL 60048  
*Thank You For Your Interest in LJWC!*

**APPLICANT INFORMATION**

Name:

Date of birth:

Primary Phone:

Secondary Phone:

Current address:

City:

State:

ZIP Code:

E-mail Address:

Occupation:

F/T:

P/T:

**SPOUSE'S INFORMATION**

Name:

**CHILDREN**

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

**INTERESTS, SKILLS AND INVOLVEMENTS**

**PRIOR TO INSTALLATION AS A MEMBER YOU ARE REQUIRED TO:**

- 1) Attend a minimum of five general membership meetings.
- 2) Complete three hours of service.
- 3) Complete an application form.

**AS A MEMBER OF LJWC YOU ARE REQUIRED TO:**

- 1) Attend a minimum of five general meetings per year.
- 2) Join a LJWC committee.
- 3) Complete three hours of service.
- 4) Volunteer for a shift at Libertyville Days.
- 5) Participate in bi-annual fundraiser.
- 6) Pay annual dues.

**SIGNATURE**

I have read and I understand the obligations of membership.

Signature of applicant:

Date:

**DUES**

Payment of dues (\$50) is made upon installation. If you have questions regarding membership, or the club, please contact the 1<sup>st</sup> Vice President, Stephanie Goshorn, (ILBadgerFans@gmail.com)

Installation Date:

Referred by:

Membership Chairman Signature/Approval: