

THE JOSEPHINE CIRCLE, INC.
APPLICATION FOR MEMBERSHIP

NAME

First

Maiden

Last

ADDRESS

Street

City

State

Zip

CONTACT

Home phone

Cell Phone

Birthday (Month/Day)

Husband's Name

E-Mail Address

NAMES AND AGES OF CHILDREN

Is the applicant a daughter, daughter-in-law, granddaughter or granddaughter-in-law of a Josephine Circle Member? YES: _____ NO: _____

GENERAL DESCRIPTON

In approximately 50 words, describe the applicant in a thorough and personal way so that the membership can understand your desire to have her be a part of Josephine Circle. You may use the back.

SPONSOR _____

CO-SPONSOR _____

Submit application to membership chairs. For further information contact Shirley Andrews (901-674-3914) or Gail Kreunen (901-848-3494).

This procedure is in accordance with Article VI, Section 3(A) of the By-Laws of the Josephine Circle, Inc.