



JUNIOR LEAGUE OF SPRINGFIELD, MO

Women building better communities

MEMBERSHIP INTEREST FORM

NAME: _____
LAST FIRST MIDDLE

ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

PHONE : (HOME) _____ (WORK) _____

(CELL) _____ EMAIL: _____

HUSBAND'S NAME: _____

EMPLOYED (Y or N) WHERE? _____

_____ Yes, I am interested in JLS membership. *Complete membership interest form and submit \$50.00 new member fee (make checks payable to: Junior League of Springfield) by May 1, 2010.

_____ I am interested in JLS membership, but another year would be better for me. When? _____

_____ I am not interested in Junior League at this time.

Please list the names (on the back of this form) of JLS members you know who may have helped spark your interest in this organization. Also please list any one you think might be interested in joining with you and their phone number.

* Please mail this form to: Junior League of Springfield
New Member Chair
2574 E. Bennett
Springfield, Mo 65804
Junior League Office: 887-9422
jls@jlspringfield.org _____