



**APPLICATION FOR PROVISIONAL MEMBERSHIP
IN JUNIOR AID SOCIETY**

www.junioraidsociety.org

Applicant's name: _____

Address: _____

City: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Marital Status: Married Single Partner's Name: _____

Schools attended: _____

Major fields of interest: _____

Professional experience: _____

Volunteer experience: _____

Affiliations (Church, Organizations, etc.): _____

Special interests, talents: _____

Children/ages: _____

How did you hear about Junior Aid Society?: _____

**Please return your completed application and fee of \$25 to:
Katharine Navins, Membership Chair
The Junior Aid Society
P.O. Box 233
Marblehead, MA 01945.**

Thank you for you interest in Junior Aid!

Make checks payable to The Junior Aid Society, Inc.