



## APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Referred By \_\_\_\_\_

I would like to refer \_\_\_\_\_ Phone \_\_\_\_\_

Return completed application and \$50 first-year membership fee to P.O. Box 629, Newark, OH 43058. Make checks to Newark Area Jaycees.