

JACQUELINES
MEMBERSHIP APPLICATION

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

CHURCH AFFILIATION: _____

DATE of AFFILIATION: _____

DATE of APPLICATION: _____

BIRTHDAY: _____

DUES: ----- \$5.00 \$10.00 – STARTING in JUNE 2015