



**JUNIOR LEAGUE OF SOUTH BREVARD, INC.**  
*Women building better communities®*

1515 Elizabeth Street, Suite B, Melbourne, FL 32901

## MEMBERSHIP APPLICATION

ALL INFORMATION IS STRICTLY CONFIDENTIAL.

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HUSBAND'S NAME: \_\_\_\_\_

NAME AS YOU WISH IT TO APPEAR ON YOUR NAME TAG:  
\_\_\_\_\_

*NON RESIDENT CANDIDATES:*  
*Date Moved from South Brevard area:* \_\_\_\_\_  
*(Does not include college years)*

EDUCATION: High School or College(s) attended: \_\_\_\_\_ Degree(s) \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra curricular activities and awards: \_\_\_\_\_

Post graduate training courses or additional education: \_\_\_\_\_  
\_\_\_\_\_

Employment Experience:	Employer	Type of Work	Date



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Volunteer Experience:	Organization	Type of Work	Date
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What was your most meaningful volunteer experience? \_\_\_\_\_

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Special Skills, Interests and abilities (i.e. 2nd language, computer skills, artistic talents, photography skills, public relations, etc.):

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What do you feel you can contribute to the Junior League? \_\_\_\_\_

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What do you feel our greatest community need is at this time? \_\_\_\_\_

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Were you referred to the Junior League of South Brevard? Yes \_\_\_ No \_\_\_ If so, by whom: \_\_\_\_\_

Do you understand the financial and time obligations? (i.e. dues, meetings, fund-raisers, etc.) Yes \_\_\_ No \_\_\_

If you have any other questions, please call our office at 321-676-5798 or email us at office@jlsb.net. Thank you for your interest in the Junior League of South Brevard, Inc. Please return to *JLSB, 1515 Elizabeth Street, Suite B, Melbourne, FL 32901.*

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ Candidates' Signature	_____ Date
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*JLSB Provisional dues of \$150.00 must be paid by the first Provisional meeting in early August. Payment plan available as needed.*