



2010 New Membership Application

PLEASE TYPE OR PRINT

First Name: _____ Middle _____ Last _____

Husband's Name: _____ Profession _____ Title _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Office Phone: _____

Employer: _____ Occupation: _____ Title _____

E-mail: _____

Birth Date (mm/dd/yy): _____ T-shirt size: _____

I do not wish to have this information available online via the member's only area of the JLH website

How did you hear about the Junior League of Honolulu? _____

Name of JLH member that referred you (if applicable): _____

Community Involvement: _____

Please rank (1-5) your reasons for wanting to join the Junior League of Honolulu:

_____ Volunteer Opportunities

_____ Meet New People

_____ Training

_____ Networking

_____ Leadership

_____ Other _____

PAYMENT INFORMATION

Total Amount Due: \$189.00 Payment Method: Check _____ Credit Card _____ Online _____

Visa/MC Number _____ Exp Date _____

Signature: _____

**Please return completed form with payment by July 27, 2010 to:
Junior League of Honolulu, PO Box 235286, Honolulu, HI 96823
(Phone 808-538-8883, Fax 808-538-8882)**