

APPLICATION FOR MEMBERSHIP



HOUSTON JUNIOR WOMAN'S CLUB  
A SERVICE AND FUNDRAISING ORGANIZATION

NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BIRTHDAY MONTH/DAY: \_\_\_\_\_ SPONSOR'S NAME: \_\_\_\_\_

INTERESTS, SKILLS OR TALENTS: \_\_\_\_\_

WHY ARE YOU INTERESTED IN JOINING HJWC? \_\_\_\_\_

PLEASE CIRCLE ANY EVENTS THAT YOU HAVE ATTENDED:

HOLIDAY HAPPENING

DONATIONS COFFEE

MEMBERSHIP BRUNCH

PROVISIONAL WELCOME PARTY

DECEMBER LUNCHEON

PLEASE SUBMIT APPLICATION TO OUR MEMBERSHIP CHAIRMAN:

MEMBERSHIP CHAIRMAN

PO BOX 19684

HOUSTON, TEXAS 77224-9684