



## Junior Auxiliary of Abbeville

### Membership Application

#### Instructions

- ONLY put your name/address on personal data form; **do not put on your name on this part of the application.**
- Complete the application questions. If you need more space, continue on an additional page.
- Include a copy of your most recent report card or transcript.
- Include two letters of recommendation (Neither should be a family member).
- Return by mail to: **JA of Abbeville, c/o Hollie Nelms 501 Fairview Street, Abbeville LA 70510**
- Must be postmarked by **October 16, 2015**. Please know that any application received after this date will NOT be accepted.

#### **CROWN CLUB APPLICATION** (Please Print)

Current grade as of this time: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

1. Please describe why you want to participate in Crown Club and what you are hoping to learn.



**Personal Data Form**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

**T-Shirt Size (Select One)**

- X-Small     Small     Medium     Large     X-Large

Is any member of your family an active member, associate, or life member of Junior Auxiliary? Yes No

If yes, member name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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As the parent and/or guardian of the student mentioned above, I understand the requirements that my child must fulfill as a Crown Club member. I give her permission to apply for, and if accepted, participate in said requirements.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name (print)

Parent/Guardian's Name (signature)

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I understand that if chosen as a Junior Auxiliary Crown Club member, I will be responsible for attending monthly chapter meetings and fulfilling all required volunteer hours.

\_\_\_\_\_

\_\_\_\_\_

Applicant's Name (print)

Applicant's Name (signature)

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**Authorization for Use of Photographs**

I, \_\_\_\_\_, authorize the Junior Auxiliary of Abbeville to photograph my child,  
(Parent's Name)

\_\_\_\_\_, while participating in Crown Club. These photographs  
(Applicant's Name)

may be used for newspaper articles, the Junior Auxiliary website, Crown Club events, and/or shared with other participants in the Crown Club program.

I do not wish for my child to be photographed. \_\_\_\_\_  
(Parent's Name)