



JUNIOR CHAMBER INTERNATIONAL® SENATE

APPLICATION FOR MEMBERSHIP

1. The U.S. Junior Chamber of Commerce Policy 29-3 requires a minimum of at least five (5) years membership before a member can be nominated for a JCI Senatorship (up to two (2) years of U.S. Junior Chamber Alumni membership shall be permitted in lieu of regular membership).
2. PLEASE TYPE OR PRINT CLEARLY IN BLOCK LETTERS.
3. Allow six (6) to eight (8) weeks for processing and mailing.
4. Please destroy all copies of this application other than this version. Additional applications are available on the website or by contacting The U.S. Junior Chamber. (Photo copies of this form are permitted.)

Mail completed form, signed by Local and State President, along with applicable fees to:

THE UNITED STATES JUNIOR CHAMBER®

APPLICANT INFORMATION

Name _____ Member # _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Fax _____ E-mail _____

Date of Birth _____ Date applicant joined the Junior Chamber _____

Applicant's occupation _____

Date applicant ceased to be a Jaycee (if applicable) _____

Junior Chamber activities of applicant:

Current Junior Chamber position of applicant _____

Reason for award of Senatorship:

Date of formal presentation _____

PAYMENT INFORMATION

Check one: Check Money order VISA MasterCard

Enclosed is a \$300 check payable to Junior Chamber International for full Senate membership payment, and a \$75 check payable to The U.S. Junior Chamber for Senate application processing.

Card # _____ Exp. date _____

Name on card _____ Billing ZIP Code _____

Signature _____

The United States JCI Senate Application (con't.)

APPROVAL INFORMATION

Applicant would like to receive the Senate Certificate in (please check one) English Spanish French

Name of chapter _____ Chapter number _____

Signature of Local Chapter President _____ Date _____

Name of state organization _____ State number _____

Signature of State President _____ Date _____

Name of national organization: The United States Junior Chamber of Commerce

Signature of National President _____ Date _____

NOTE: No approval other than the above shall be required or permitted.

SURPRISE PRESENTATION INFORMATION

If the presentation of the Senate membership will be a surprise, please provide the following contact information

for the presenter:

Name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Fax _____ E-mail address _____

Date of presentation _____ Materials must be received by _____
