



MEMBERSHIP APPLICATION

Name: _____
(First) (Middle) (Last)

Address: _____

Phone: _____
(Home) (Work) (Cell)

E-mail: _____

Please include the following to allow us to complete your AJLI registration:

Date of Birth: _____

If applicable, name of spouse: _____

Please return this application and a check for \$95.00 payable to Junior League of Racine to:

Junior League of Racine
Membership Development
PO Box 085744
Racine, WI 53408-5744

Mission

The Junior League of Racine is an organization of women committed to promoting voluntarism, developing the potential of women and improving the community through the effective action and leadership of trained volunteers.

Vision

The Junior League of Racine will grow through and be recognized for focused efforts on projects that enhance the well-being of children and for providing a legacy of trained volunteers.

Reaching Out Statement

The Junior League of Racine reaches out to all women of all races, religions, and national origins who demonstrate an interest in and a commitment to voluntarism.

Junior League of Racine - PO Box 085744 - Racine, WI 53408-5744
262.770.5571 www.juniorleagueracine.org