



**LONG VALLEY JUNIORETTES  
2017-18 MEMBERSHIP FORM**

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

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

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

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent E-mail(s): \_\_\_\_\_  
\_\_\_\_\_

Parent Cell Phone(s): \_\_\_\_\_  
\_\_\_\_\_

Parents, please read and sign:

I hereby grant permission for use of photographs of my daughter to be used for the purpose of promoting Juniorettes' activities.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby release the GFWC, LVJWC, and its members and chaperones from any claims or liability connected with or arising from my daughter's participation at events and meetings.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

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Annual Dues are **\$20.00**. Please make checks payable to Long Valley Juniorettes.

Mail to: LVJWC/Juniorettes PO Box 98 Long Valley, NJ 07853

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dues Paid: Cash: \_\_\_\_\_ Check# \_\_\_\_\_