



JUNIOR AUXILIARY OF SLIDELL
P.O. BOX 1486
SLIDELL, LA. 70459

Membership Application

Name _____
First Maiden Last _____ Husband's Name _____

Address _____, La _____
Street City _____ Zip Code _____

Phone _____ Length of Residence in Slidell _____

Over 21 years of Age: ___ Yes ___ No E-Mail: _____

Children and Ages: _____

Employed Outside the Home: Yes ___ No ___

If YES: Full Time ___ Part-time ___ _____
Position Firm

Community Involvement (Clubs, organizations and/or offices held):

Hobbies, interests and/or talents: _____

Comments: _____

“To propose or second, the members must know the candidate. A member may propose only two (2) candidates per election and may second three (3) candidates per election.” Bylaws Article IV, Section 2

Mailing address if different from above: _____

Proposed By : _____
Second : _____
Second : _____

RETURN ALL FORMS NO LATER THAN JULY 15TH TO:
Junior Auxiliary of Slidell
PO Box 1486
Slidell, LA 70459
or email to:
membership.jas@gmail.com