



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 25 yrs 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 1st TO:

Junior Auxiliary of Slidell

email to:

membership.jas@gmail.com