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| **Name:** |

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| **Address:**  |

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| **Phone Number:** |

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| **E-mail:** |

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| **Birthday:** *(Members must be at least 23 years of age).*  |

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| **If you are employed, please state your place of employment.** |

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| **How long have you been a resident in Slidell, LA?** |

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| **Please list your community involvement. (Clubs, organizations, and/or offices held.)** |

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| **Please list your hobbies, interests, and talents.**  |

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| **How did you hear about JA of Slidell?** |

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| **Why do you want to join Junior Auxiliary of Slidell?**  |

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| **Please provide any additional comments or questions you may have.**  |

**Please submit this form no later than May 1, 2023. If you complete this form electronically, please email it to** **membership.jas@gmail.com** **or if you would like to print and fill it out by hand, please mail your application to:**

**Junior Auxiliary of Slidell**

**P.O. Box 1486**

**Slidell, LA 70459**

**Thank you for your interest in becoming a Junior Auxiliary member!**

**We look forward to speaking with you soon!**

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**If you are submitting the new member application, you will leave this portion of the application blank.**

**Active Members Only:**

*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***

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| **Seconded by:** |

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| **Seconded by:**  |