



THE KING'S DAUGHTERS

JR. MEMBERSHIP APPLICATION FORM

The King's Daughters, founding organization of Children's Hospital of The King's Daughters, promotes superior pediatric wellness through dedicated volunteerism in partnership with Children's Health System.

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

Home Address: \_\_\_\_\_  
(Street) (APT #)

\_\_\_\_\_  
(City) (State) (Zip)

PHONE:(HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

High School/Middle School: \_\_\_\_\_

Date of Graduation (If exact date not known, please list the year): \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian Employer: \_\_\_\_\_ Position/Title \_\_\_\_\_

Who influenced you the most to join The King's Daughters? \_\_\_\_\_

Please list any other organizations and/or community activities you are involved in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in participating in the following King's Daughters events and activities:

- \_\_\_\_\_ Jr. Major Projects
- \_\_\_\_\_ Holly Festival of Trees
- \_\_\_\_\_ Canister Projects
- \_\_\_\_\_ Circle Leader
- \_\_\_\_\_ RunWalk for the Kids
- \_\_\_\_\_ Fantasy Shopping Night MacArthur Center

LEAVE BLANK IF UNKNOWN WHEN FILLING OUT THIS FORM:

Circle: \_\_\_\_\_

Date Joined: \_\_\_\_\_