



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 (First & Last): _____

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, Breakfast with Santa
- _____ Canister Projects
- _____ Circle Leader
- _____ RunWalk for the Kids
- _____ Shop from the Heart, MacArthur Center

LEAVE BLANK IF UNKNOWN WHEN FILLING OUT THIS FORM:

Circle: _____ Date Joined: _____