



# The King's Daughters



Children's Hospital  
Founding organization of *of* The King's Daughters

*Promotes superior pediatric wellness through dedicated volunteerism in partnership with Children's Health System.*

## MEMBERSHIP APPLICATION

The prospective member must complete the application form. For questions regarding joining a King's Daughters Circle, please visit our website at [www.kingsdaughters.org](http://www.kingsdaughters.org) or call 757.668.7098.

### Submit completed form to

\* The King's Daughters Office \* 601 Children's Lane, 2<sup>nd</sup> floor \* Norfolk, VA 23507 \* or fax to 757.668.8907

To be completed by the Prospective Member (please print clearly)

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work Phone: \_\_\_\_\_  Home  Cell  Work

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

Nickname preferred to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Job Title (if applicable): \_\_\_\_\_ Employer: \_\_\_\_\_

Background (i.e. finance, marketing, sales, fundraising, graphic design, event planning, medical, education, etc...):  
\_\_\_\_\_  
\_\_\_\_\_

Name of spouse (if applicable): \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

**I have participated**

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

**I am interested in participating**

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

**in the following events and activities of The King's Daughters:**

- Holly Ball
- Holly Festival of Trees
- Canister Funds Collections
- Collating Mailings with/for Office staff
- Junior Circle Events
- Tour de Cuisine
- RunWalk for the Kids
- Sewing of Bears and/or knitting patient items

Current King's Daughter you were referred by (if applicable): \_\_\_\_\_

Referral's Circle: \_\_\_\_\_

Circle you are interested in joining (if known): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_