

State College Area Junior Chamber



APPLICATION FOR MEMBERSHIP

Name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Fax # _____ E-mail address _____

Date of birth _____ Spouse's name _____

Employer _____ Title _____

Referred by _____

I would like to refer _____ Phone _____

Please make your check for \$55.00 payable to The State College Area Jaycees and return with your application for membership.

CHAPTER CONTACT INFORMATION:

On the web at:

www.statecollegejaycees.org

Snail Mail:

State College Area
Jaycees
P.O. Box 385
State College, PA 16804

E-mail:

scjaycees@hotmail.com