



2011-2012 New Membership Application

Please complete the attached application and submit it to the Junior Service League of Beaufort (JSLB) by **Friday, August 5, 2011**. All information is confidential. Completed applications along with \$50 non-refundable application fee may be mailed to JSLB, PO Box 1964, Beaufort, SC 29901. Please make checks payable to JSLB. With questions or to learn more about the league, please contact Kristin Brady, Provisional Chair, at 864.915.3314 or kristinbuffkin@yahoo.com or Emily Harris, President, at 843.263.8659 or emilybameharris@yahoo.com.

Thank you for expressing interest in joining the Junior Service League of Beaufort for the 2011-2012 League year. Since our inception in 2005, JSLB has touched the lives of thousands of women and children throughout the Beaufort community by following our mission:

"The Junior Service League of Beaufort is an organization of women committed to promoting volunteerism. Membership in the Junior Service League of Beaufort offers an opportunity to build meaningful relationships with others who share a desire to give back to our community. Through the talents of our diverse membership we will support and enrich the lives of women, children and families in our community. Together we have a greater impact than we do individually."

Joining JSLB will give you the opportunity to pursue interests outside your home and career, and the skills and training you acquire by being a member will benefit you in all areas of your life. There is also the potential to develop lifelong friendships with like-minded women who share the desire to make a difference in our community.

By becoming a member of JSLB you are showing your devotion to the welfare of women, children, and families in our community. The current membership can attest to the personal fulfillment that is gained by volunteering and contributing to positive change in our community.

JSLB has chosen to support the following organizations for the 2011-2012 League year:

Child Abuse Prevention Association (CAPA)

Citizens Apposed to Domestic Abuse (CODA)

The Blood Alliance (sole blood provider for Beaufort County hospitals)

Thank you for your interest and we look forward to meeting you!

Kristin Brady
Provisional Chair
864.915.3314

kristinbuffkin@yahoo.com

Emily Harris
President
843.263.8659

emilybameharris@yahoo.com

Prospective Member Name: _____
Last First Title Maiden

Mailing Address: _____
Street City State / Zip

Home/Cell Phone: _____ Work Phone: _____ E-Mail: _____

Business Name/Position: _____

Birth date: _____ Spouse's Name: _____
Month Day Year

Please submit a letter of recommendation with this application. A letter of recommendation may *not* be written by a family member or a JSLB Member.

*Sponsor Name: _____ Sponsor relationship to prospective member: _____
A sponsor is a JSLB Member whose status is Active and is personally known to the applicant.

Sponsor signature: _____ Date: _____

*Endorser Name: _____ Endorser relationship to prospective member: _____
An endorser may be a JSLB Member whose status is either Active or Active Sustainer and is personally known to the applicant.

Endorser signature: _____ Date: _____

**If an applicant cannot provide both a sponsor and an endorser, then two letters of recommendation are required.*

Application and \$50 non-refundable application fee due Friday, August 5, 2011 to JSLB, PO Box 1964, Beaufort, SC 29901.

Please answer the following questions. If more room is required, please attach a separate sheet.

1. List volunteer experience including community boards, committees etc.

Organization	Type	Work	Dates
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2. Please describe your interest in the community and commitment to becoming a JSLB member.

I agree to uphold the goals of Junior Service League of Beaufort to give assistance to the needy of our community, to render effective volunteer service; and to foster interest among our members and the community in the economic, spiritual, educational, cultural, and civic conditions of this area.

Signature: _____

Date: _____