

Indiana JCI Senate

Affiliated with the United States JCI Senate

INFORMATION FORM

Please return this form with the \$75.00 check to the current Treasurer of the Indiana JCI Senate for all new senator applications.

New Senator's Name: _____

New Senator's Senate Number: _____

New Senator's Address: _____

City: _____

State: Zip: _____

Email Address: _____

Name of Spouse: _____

New Senator's Home Phone: _____

New Senator's Work Phone: _____

New Senator's Birthdate: _____

Shirt Size Needed (Circle One) Small Medium Large Extra Large
Other:

New Senator's Name: (To be printed on shirt and name badge)

(The First Name only will be on the shirt and the first and last on the name badge).

Date of Planned Senatorship Presentation: _____

Would you like the Indiana JCI Senate President to attend? _____

Who should we contact with any questions?

Name: _____

Address: _____

Phone: _____ Email: _____



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LIFE MEMBERSHIP APPLICATION

Name: _____

Senate # _____

Address: _____

City: State: Zip: _____

E-mail address: _____

Date of Birth: _____

Jaycee Chapter from where you received your Senatorship: _____

City: _____ State: _____

Are you a resident of the State of Indiana? Please circle: Yes or No

Cost of Life Membership: \$205.00

Lifetime Member Name Badge: \$10.00

Indiana JCI Senate offers Lifetime Membership to all JCI Senators that are residents of Indiana or received their JCI Senatorship from an Indiana JCI Chapter.

Associate Lifetime Memberships are also available for all other Senators that are not residents of the State of Indiana, or did not receive their Senatorship from an Indiana Jaycee Chapter.

Please forward this form along with check for \$205.00 or \$215.00 to the current Treasurer of the Indiana JCI Senate.