

Croatian American Women's Club



Junior Membership Form

(This Membership Form is for Applicants between 13 and 17 years of age)

Last Name: _____ First Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City, State Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Birthday : Month _____ Day _____ Year _____

Mother is Croatian _____ Father is Croatian _____

What School do you attend? _____

Any expertise or special talents? (Sports, musical, academics, etc.) _____

Activities and Interests: _____

What type of activities would you like this Women's Club participate in for Juniors? _____

Referred/nominated by: _____

Junior Applicant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

I grant my expressed permission for CAWC to exhibit photographs or likeness of my daughter. (no names will be published)

Please include \$15 Annual Dues for Jr. Membership Paid by: Check # _____ Cash _____

Treasurer's Signature: _____ Date: _____