

JUNIOR FRONTIERS CLUB MEMBERSHIP APPLICATION

Name _____ Grade _____ Age _____ Birthdate _____

Address _____

Street or Po Box

City/State/Zip

Your E-Mail _____ Parents E-Mail _____

Telephone _____ Name of local Frontiers club _____

School _____ Homeroom Teacher/Counselor _____

How did you find out about the Junior Frontiers Club? _____

Are you willing to devote time and energy toward being an active member _____

What other interests do you have –other clubs, sport, hobbies? _____

Advisor Signature _____ **Applicant Signature** _____

Signature of two members: _____ Entrance Fee _____ Paid _____

_____ Date Application approved _____

PLEDGE

As a member of the Junior Frontiers Club, I promise the following:

- To attend meetings regularly
- To participate in club projects and activities
- To do my part to help make our club a good one
- To do my best in school
- To do things that would credit my family, my club, my school and myself
- To create, maintain and extend throughout the home, school and community, high standards of ethical character, and to involve members in developing leadership, and service while increasing an awareness of oneself and the community (Club Purpose).

Your Signature

Signature of Parent or Guardian

Complete this form and return to _____ with your annual fee of **_\$40.00_**