



The Junior League of Springfield, Inc. reaches out to women of all races, religions and national origins who demonstrate an interest in and a commitment to volunteerism.

### Criteria for Membership

1. Applicant must meet the age and residency requirements. She must be at least 21 years of age and a resident of the Springfield area.
2. Applicant must possess an interest in volunteerism.
3. Applicant must possess a commitment to community services and/or in developing her own potential for voluntary community participation.

New Member Information – Please Print				
First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Date of Birth: / /
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )		
Street Address:	City:	State:	Zip Code:	
Email Address:		Spouse or Partner's Name: (optional; for membership directory)		
Employer:				
How did you hear about JLS?				
<input type="checkbox"/> Current Member	<input type="checkbox"/> Print Advertisement	<input type="checkbox"/> Literacy Fair		
<input type="checkbox"/> Family	<input type="checkbox"/> Magazine/News Article	<input type="checkbox"/> Kids in the Kitchen		
<input type="checkbox"/> Friend	<input type="checkbox"/> Radio Advertising	<input type="checkbox"/> Kitchen Tour		
<input type="checkbox"/> Co-Worker	<input type="checkbox"/> TV Advertising	<input type="checkbox"/> Other		
If a current member referred you, please list their name: _____				

*Please complete the questions on page 2.*

Mail or fax completed application to:

Junior League of Springfield, Inc.  
 Attn: Admissions-Provisional Coordinator  
 Hoogland Center for the Arts  
 420 South Sixth Street  
 Springfield, IL 62701-1808

Fax: 217-544-6JLS (217-544-6557)

_____	_____
Applicant's Signature	Date

If you have any further questions, please call JLS Headquarters at 217-544-5JLS (217-544-5557) or e-mail us at [admin@jlsil.org](mailto:admin@jlsil.org).

FOR OFFICE USE			
New Member Dues (\$135)	_____		
Check Number	_____		
Date Received	_____		



**The Junior League of Springfield, Inc.**  
*Women building better communities*

## **Admissions Application**

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Why are you interested in joining the Junior League of Springfield?

Currently, what community service do you perform?

What do you hope to accomplish during your first year in the Junior League of Springfield?

**Welcome to the Junior League of Springfield!**