## Jack and Jill of America, Incorporated Since 1938

## Life Membership Application

This application must be submitted with the Per Capita Tax Report. See reverse side for further instructions.

## A | Member Information

**Instructions:** Applicants must complete ALL sections of this form. Members who meet the following criteria may apply for Life Membership: 1. An active member of Jack and Jill of America, Inc. for at least ten (10) years (this can be as an "Active" mother in a chapter or combined with the number of years as a financial Associate.); 2. Have completed your tenure in good standing; and 3. Have reached Associate status.

Chapter		State	Region	KV&d
Member's Last Name		First Name		Middle Initial
Address		City	State	Zip
Home Phone	Business Phone		Cell Phone	
Email Address				
Current Chapter		State	Region	
Installation Chapter (if different)		State	Region	
Past Information Instructions: List all previous nam	es you have used as a m	ember of Jack	and Jill.	
1. Name (Last, First)		2. Name (Last	, First)	
<b>Instructions:</b> Give names and phinstallation.	none numbers of two me	embers who w	ere installed with you or	were present during y
Name		Phone Numbe	r	
Name		Phone Numbe	r	
Instructions: List any other chapte	er in which you have held	membership	(if not listed above).	
Chapter		State	Date	of Installation

## Life Membership Application

D   Submining the Applicano	D	Submitting the	<b>Applicatio</b>
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Instructions: This form must be submitted with the appropriate payment to National in the form of a certified or cashier's check, money order or chapter check payable to Jack and Jill of America, Inc. for National Life Membership. Life Members can be financial on the Local level by paying any dues upon which the Local Chapter and Associates mutually agreed upon. More information on National Life Membership can be found in the Jack and Jill National Constitution and Bylaws. Chapter Administrators must update MIS by changing their Membership Category to "Life (National)". National Headquarters will complete the application process upon full review. Application and payment must be postmarked by October 1st and must accompany the Per Capita Tax Report.

Applicant's Signature	Date
Chapter President's Signature	Date
Chapter Administrator's Signature	Date

For Office Use Only	Reg Code		Chapter Cod				Member Number			er
Date Received in National Office					Date F	Received	d by Re	gional	Treasu	rer

Include this document when submitting the chapter's per capita. Submit electronically to: finance@jack-and-jill.org, one (1) copy to National Headquarters at 1930 17th Street, NW, Washington, DC 20009, one (1) copy to your Regional Treasurer and Regional Secretary and retain (1) copy for the Chapters' records.