JUNIOR LEAGUE OF SIOUX FALLS
PERMANENT RECORD

All information is confidential…for JLSF use only!

Date:

PERSONAL DATA	MEMBERSHIP DATA
Name:	New Member ☐ Active ☐ Sustainer ☐
Maiden Name:	Year Joined: Year Sustainer:
Date of Birth:	Year made Active:
Address:	League Transferred From:
City: State: Zip:	Year Transferred:
Home Ph:	
Cell Ph:	
E-Mail:	
Occupation:	Work Ph:
Best way to reach you (check one): Home Ph: ☐ Cell Ph: ☐ Work Ph: ☐	
Husband's Name:	
Children's Name(s): _____ _____ _____ _____ _____	

EDUCATIONAL BACKGROUND	PREVIOUS WORK EXPERIENCE		
	Date	**Employer/Position**	**PT/FT**
High School: Yr:			
College: Yr:			
Graduate School: Yr:			
Other: Yr:			
Are you a current student? Yes ☐ No☐ If Yes: Full Time ☐ Part Time ☐			

Name: _____

Year	Junior League of Sioux Falls	Year	Community Involvement

Year	Office, Committees, and Additional Responsibilities Within Junior League	Year	Continuing Education (Include additional schooling, volunteer, training courses, JLSF or Community Conferences