

JUNIOR MEMBER PEN PAL APPLICATION

Please Print or Use your Computer Keyboard

FULL NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE # () _____

E-MAIL ADDRESS _____

HOBBIES _____

MAIN INTERESTS _____

BESIDES THE JUNIOR AUXILIARY, I BELONG TO _____

PLEASE LIST THE UNIT NAME AND NUMBER, COUNTY AND DISTRICT THAT

YOU BELONG TO: _____

Please send this application to: