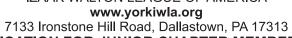


YORK CHAPTER NO. 67 IZAAK WALTON LEAGUE OF AMERICA



APPLICATION FOR JUNIOR CHAPTER MEMBERSHIP JUNIORS		
ameDate:		Date:
Address	,	•
Phone # (Home & Cell):	Date of Birth	Age:
Are your Parents a current member of the Izaak Walton League? _	_YESNO	Grade in School
Parents names		
Parent's Address & Phone numbers (if different)		
Parents E-mail address: (to send group activity info & updates)		
Who to Contact in case of emergency:		
Emergency Contact's Phone numbers:		
Do you have any Allergies or Conditions we need to be aware of?	If so please li	st
Why do you wish to join the Junior Chapter?		
What are your hobbies & interests?		
E-mail address(es): (to send group activity info & updates)		
If accepted into membership, will you promise to abide by all rule instructions given by the Grounds Keeper, Senior Members, Jumenbers? Answer: _	nior Chapter Chairman,	
Signature of Applicant_		Date:
Signature or Parent or Guardian		Date:
*PHOTO RELEASE: I will allow photos of my child	to be used in club prom	notion purposesYESNO
*Signature or Parent or Guardian_		Date:
Signature of Senior Member recommending applicant		Date:
Signature of Junior Member recommending applicant		Date:

Date:___

_ Date:___

Accepted or Rejected for Membership: