



THE BERMUDA JUNIOR SERVICE LEAGUE
 P.O. BOX 1226, HAMILTON, HM FX
www.bjsl.bm

MEMBERSHIP APPLICATION

Name:
Home Address:
Mailing Address:
Telephone:
(H)
(W)
(C)
Email:
Date of Birth:
Nationality:
If expatriate, when did you arrive in Bermuda?
Have you been a member of the Junior League elsewhere? YES or NO
If yes, where?
When?
Husband's Name:
Name of Child(ren) and age:

Name of Employer:
Employer's Address:
Occupation:
Reasons for joining the BJSL
Training and Skills:
Hobbies and Interests:
Name to appear on Name Tag:
Shirt size:
Applicant's Signature
Proposer's Name:
Length of time known applicant:
Proposer's Signature:
Date:
Secunder's Name:
Length of time known applicant:
Secunder's Signature:
Date:

