



Les Passees Application for Membership

Date _____

Name _____
FIRST (Nickname) MAIDEN LAST

Address _____
STREET CITY/STATE ZIP

Phone Numbers _____
HOME CELL WORK

Email Address _____ DOB _____
PERSONAL WORK Mo Day Year

Employer _____
COMPANY JOB TITLE HOURS per WEEK

Marital Status: _____ Married _____ Widowed _____ Divorced _____ Single

Spouse/Significant Other's Full Name _____ Nickname _____

DOB: _____ Phone Number _____ Email _____

Member's children/grandchildren may participate in many Les Passees events.

1. Child/Grandchild (please circle one) Name (nickname) _____

DOB _____ Sex: M F School and Grade _____

2. Child/Grandchild (please circle one) Name (nickname) _____

DOB _____ Sex: M F School and Grade _____

3. Child/Grandchild (please circle one) Name (nickname) _____

DOB _____ Sex: M F School and Grade _____

How would you like to receive your Newsletter? (circle) EMAIL POST MAIL BOTH

Volunteer Experience _____

Professional Experience _____

Sponsor Name _____ Signature _____ Status _____

Endorser's Name _____ Signature _____ Status _____

Sponsors and Endorsers must be Les Passees Members

Please read Article III, Bylaws, Section III, Admission to Membership, and Policies III Admission to Membership.

Complete and return to LP Office or to Current J1 or Membership Chairman