

BONNES MERES AUXILIARY of CHILDREN'S FUND  
MEMBERSHIP APPLICATION

This form must be completed in full and returned to the Membership Chairman by April 1<sup>st</sup>.  
If necessary, please attach an additional sheet of paper to this application to answer questions.

Name\_\_\_\_\_

E-Mail\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

Phone (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_ (Work)\_\_\_\_\_

Birthday (Month/Day) \_\_\_\_\_

How long in the area? \_\_\_\_\_

Spouse \_\_\_\_\_

Children/Ages\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. List specific talents, skills, strengths and interests you will bring to our organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List other organizations you are affiliated with and any leadership roles held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

