

THE WEST ORANGE
JUNIOR SERVICE LEAGUE



PROVISIONAL APPLICATION

Name: _____

Address: _____

City/State: _____ Zip: _____

Cell: _____ Email: _____

Names & Ages of Children: _____

Name of Spouse/Partner: _____

Occupation / Employer: _____

Current Community Involvement: _____

Why are you interested in joining the league? _____

Comments: _____

Provisional Member: _____ Date: _____

Proposed by League Member: _____ Date: _____

Endorsed by League Member: _____ Date: _____

Please return completed application by **August 31, 2022** to WOJSL Vice President and Membership Chair

West Orange Junior Service League
PO Box 770267, Winter Garden, FL 34777

www.wojssl.com

E-Mail: wojsslcorrespondence@gmail.com