



Membership Application

Name _____

Address _____

City _____ Zip _____

Are you at least 25 years old? ___ Yes ___ No

Do you live within a 45-mile radius of St. Augustine? ___ Yes ___ No

Phone: (h) _____ (c) _____

(w) _____

E-mail address: _____

Occupation and/or Professional Background:

History and years of community involvement:

Positive attributes and how you would add value to the JSL:

Letter(s) of Recommendation

Attach one letter of recommendation from someone who you have known for a minimum of 3 years.

Signature/Date