



JUNIOR LEAGUE OF ALBANY
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New Member Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Preferred Contact Number: ___Home ___Work ___Cell

E-Mail Address _____

Date of Birth (MM/DD/YYYY) _____

At least 21 years of age by May 31st application year: ___Confirmed

Current Employer _____

Profession/Occupation _____

Colleges/Universities _____

Hometown _____

Spouse's Name _____

Children's Names/Ages _____

T-Shirt Size: ___Small ___Medium ___Large ___X Large

Signature _____ Date _____

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www.juniorleaguealbany.org

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