



Central Montana Jaycees

MEMBERSHIP APPLICATION

Name: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Other: _____

Email Address: _____

Date of Birth: ____ / ____ / ____ Gender: Male _____ Female _____

Recruiters Name: _____

Occupation (optional): _____

Employer (optional): _____

Dues: New Membership \$25; Renewal paid by CMT Jaycees if member meets the required volunteer hours

Please make checks out to the Central MT Jaycees

Please mail to:

Central MT Jaycees
P.O. Box 368
Lewistown, MT 59457

Or feel free to drop application off at the next meeting