

(Newwire accord to the first according to the

## APPLICATION FOR SENATORSHIP

SUBMIT APPLICATION TO:	PROCESSING AND SHIPMENT:
Junior Chamber International ATTN: Senate Administrator 15645 Olive Blvd. Chesterfield MO 63017, U.S.A. Tel: (1)(636)449-3100	Please allow approximately three weeks for processing and mailing from the JCI Headquarters. Package will be shipped by:
	☐ <b>Regular Mail</b> , unless otherwise indicated. Delivery may take up to six weeks.
FAX: (1)(636)449-3107 <b>E-mail:</b> senate@jci.cc	☐ UPS (courier service), which provides <i>fast</i> and <i>guaranteed delivery</i> to most regions. Shipping cost:
2 maii. <u>sonato e joi.oo</u>	Area A - US\$40
APPLICANT'S DATA	
Please PRINT clearly in BLOCK LETTERS  We wish to file an application for membership in the JCI Senate for:	
we wish to me an application for men	
First Name Mid	ldle Name Last Name
Address of Applicant	
City, State, Zip Code (Postal Zone)	Country
Tel. (Res.):	Tel. (Bus.):
Fax:	Email Address (IMPORTANT):
Date of Birth (e.g. 11/2/58): Month Day	Year Occupation:
JUNIOR CHAMBER HISTORY OF APPLICANT	
Date applicant joined Junior Chamber:	Date applicant ceased to be a member (if applicable):
Activities in Junior Chamber	
Current and Past Junior Chamber Position(s) of Applicant	
Reason(s) for Award of Senatorship	
If space is insufficient, please include additional page(s).	
	-
LANGUAGE PREFERENCE	
	(√) the appropriate box provided below.
Applicant would like to receive certificate	

## APPROVAL PROCESS No approval other than indicated below shall be required or permitted. lame of **Local Organization**: (Please **PRINT**) Approved by: X (Signature of Chapter President) (Date) lame of **State Organization**: (Please **PRINT**) if applicable pproved by: x (Signature of **State Presiden**t) (Date) lame of National Organization: (Please **PRINT**) pproved by: x (Signature of National President) Please ensure that all the above \(^1\) required signatures are obtained as requested before submitting application to the JCI Headquarters. INFORMATION FOR SURPRISE PRESENTATION (Please **PRINT** information clearly below.) If Senatorship is to be presented as a surprise, please provide the following information (if this information is not provided, documents will be sent to the corresponding national organization): lame: ddress: **IMPORTANT:** If courier shipment is required, kindly provide the **STREET ADDRESS** $\uparrow$ (no P.O. box, please) City, State, Zip Code (Postal Zone)↑ Country Tel. (Bus.)#: *Tel.* (*Res.*)#: Fax#: Email Address: **Date Senate Document Must Be Received: Formal Presentation Date:** Please submit **US\$300** for payment of a lifetime Senatorship. Kindly select $(\sqrt{})$ from the following payment options: **NOTE:** There is a **US\$10** credit card processing fee per applicant. CREDIT CARD **DINERS CLUB** VISA Check $(\sqrt{})$ appropriate box: MASTERCARD **AMERICAN EXPRESS** Clearly **PRINT** card#: Clearly **PRINT** Expiration Date: Signature *Name of Credit Card Holder (please PRINT clearly)* \(\gamma\) CHECK DRAWN ON NOTE: Check should be drawn on a U.S. bank in US dollars made payable to Junior A U.S. BANK Chamber International (to address indicated at the very bottom of this page). WIRE TRANSFER NOTE: Please cover the wire transfer bank fee at your end, OR include an extra US\$20 to cover the wire transfer transaction fee at JCI's end. To ensure the proper account is credited, please send a fax (636-449-3107) or email to the attention of JCI Accountant at account1@ici.cc (and please copy the Senate Administrator at senate@ici.cc) with the following information $\psi$ : ☑ PLEASE SEND PAYMENT TO: 1) Amount of transfer Enterprise Banking, 300 St. Peters Centre Boulevard **Transaction date** St. Peters, MO 63376, U.S.A.

Account: 0000076291

ABA (routing no.): 081006162

Junior Chamber International (JCI), Inc.

Reason for transfer (e.g. Senatorship).