



**JUNIOR AUXILIARY OF STARKVILLE  
MEMBERSHIP APPLICATION FORM**

**CANDIDATE INFORMATION**

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ MAIDEN (if known) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_ # YEARS IN COMMUNITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

HUSBAND'S NAME \_\_\_\_\_ HUSBAND'S EMPLOYER \_\_\_\_\_

**CANDIDATE QUALIFICATIONS**

Provide a brief description of the candidate's characteristics and notable positions held in other organizations. Indicate leadership abilities, special talents, attitude towards civic and welfare activities, and any other information pertinent to consideration as a candidate for junior auxiliary membership.

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**SPONSOR CERTIFICATION**

Candidate must comply with requirements set forth in the Junior Auxiliary of Starkville, Mississippi, Constitution in Article 4, Section 2, which states: A WOMAN WHO IS NOT LESS THAN TWENTY-ONE YEARS OF AGE, and who has been a resident of the community or county for at least one year prior to elections, MAY BE CONSIDERED FOR MEMBERSHIP. The candidate must be proposed in writing by one Active, Associate, Life, or Provisional member in good standing and seconded by two Active members in good standing.

I attest to the candidate meeting the necessary requirements:

SPONSOR'S SIGNATURE \_\_\_\_\_

SIGNATURE OF ACTIVE MEMBER  
IN GOOD STANDING \_\_\_\_\_

SIGNATURE OF ACTIVE MEMBER  
IN GOOD STANDING \_\_\_\_\_