



Junior Catholic Daughters of the Americas

MEMBERSHIP APPLICATION

Date: _____ Birthdate: _____ School Grade: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

Parish: _____

Senior Court Name: _____ No. _____

City of Court: _____

Signature of Applicant

Signature of Parent or Guardian

Signature of Court Chairperson

<p>PHOTO RELEASE</p> <p>I give my permission for my daughter to be photographed or videotaped during JCDA functions.</p> <p>_____ Signature of Parent or Guardian</p> <p>_____ Date</p>
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~~~~~**TO BE COMPLETED BY COURT CHAIRPERSON**~~~~~

Date Application Received: \_\_\_\_\_

Date of Reception: \_\_\_\_\_