



United States JCI Senate **Application for Senatorship**

1. *The U.S. Junior Chamber Policy 23-9 requires a minimum of at least five (5) years membership before a member can be nominated for a US JCI Senatorship (up to two (2) years of U.S. Junior Chamber Alumni membership shall be permitted in lieu of regular membership).*
2. **PLEASE TYPE OR PRINT CLEARLY IN BLOCK LETTERS.**
3. *Allow six (6) to eight (8) weeks for processing and mailing.*
4. *Please destroy all copies of this application other than this version. Additional applications are available on the website or by contacting The U.S. Junior Chamber. (Photo copies of this form are permitted.)*

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ E-mail Address _____

Date of Birth _____ Date Applicant Joined the Junior Chamber _____

Applicant's Occupation _____

Date Applicant Ceased to be a Jaycee (if applicable) _____

Junior Chamber Activities of Applicant:

Reason for Award of Senatorship:

Date of Formal Presentation: _____



United States JCI Senate Application for Senatorship

PAYMENT INFORMATION

Enclosed is a \$300 check payable to Junior Chamber International for full Senate membership payment, a \$75 check payable to The U.S. Junior Chamber for Senate application processing, and a \$100 check payable to MN JCI Senate.

Please check one:

Check Money Order VISA MasterCard Discover

Credit Card # _____ Expiration _____ Date _____

Name on Card _____ Billing ZIP Code _____

Cardholder's Signature _____ Date _____

APPROVAL INFORMATION

Applicant would like to receive the Senate Certificate in (please check one):

English Spanish French

Name of LOCAL Organization: _____

Signature of Local Chapter President _____ Date _____

(If this honor is going to the President, next officer in charge can sign.)

Name of STATE Organization: _____

Signature of State President _____ Date _____

(If this honor is going to the President, next officer in charge can sign.)

Name of NATIONAL Organization: The United States Junior Chamber

Signature of National President _____ Date _____

Note: No approval other than the above shall be required or permitted.

SURPRISE PRESENTATION INFORMATION

If the presentation of the Senate membership will be a surprise, please provide contact information for the presenter:

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ E-mail Address _____

Date of Formal Presentation _____

Date Award is needed _____

**Mail Completed Form with Fees to:
Contact the MN JCI Senate President**