



MATERNAL LEAGUE OF MEMPHIS

New Member Application

Date of Application: _____

Conditional Active Member _____ Friends of Maternal _____

Name: _____
(Last) (First) (MI)

Address: _____

Email Address: _____

Phone: _____ Cell: _____ Length of Residence in Memphis: _____

Birthday: _____ Age: _____ Religious Preference: _____

Education: _____

Husband's Name and Occupation: _____

Children's Names and Ages: _____

Business Experience --
Past: _____ PT / FT

Present: _____ PT / FT

Relatives/Friends in the League: _____

Other Volunteer Groups: _____

Talents: _____

Hobbies
and Interests: _____

Comments: _____

Proposed by: _____

Financial Requirements –

- Payment of initiation fee of **\$25**.
- Payment of annual dues (currently **\$50**).

** Because Maternal League of Memphis is a 501c3 tax exempt organization, all donations made are tax deductible to the extent allowed by the tax laws.*