

WELLESLEY SERVICE LEAGUE

APPLICATION FOR MEMBERSHIP

This application must be filled out by the candidate and returned to the Sponsor to be submitted in the application packet. The Sponsor and the Co-Sponsor should know their candidate well and be certain that the proposed candidate will be able to comply with the requirements of Provisional and Active Membership.

Name of Candidate _____

Nickname _____

Address _____

Street

Zip code

Email _____ @ _____ . _____

Phone Home _____ Cell _____

Years of residency in Wellesley _____ Moved here from _____

Are you over 25? _____ Birthplace _____

Current Community Activities _____

Why would you like to join the Wellesley Service League? _____

Tell us more about yourself: interests, experiences, abilities, etc. _____

Are you aware of what your commitments and responsibilities will be as a member of the Wellesley Service League? _____ Yes _____ No

Candidate's Signature

Date

Please list on the back of this application any WSL members you know.