



# 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**