

JUNIOR CHAMBER MEMBERSHIP APPLICATION

Please print legibly. Name:							
Current Grad	de: 9 th	10 th	1	1 th 1	2 th		
Cell Phone:			Email Ac	ldress:			
Parent/Guar	rdian Name	:	Parent/C	Suardian Pho	ne:		
	nission for p	hotos of my ch			ıshing Chamber's I		
Shirt Size:	Small	Medium	Large	XLarge	XXLarge		
Please list a NHS, Studen	-		ies that you	are involved	in (Athletics, FFA,	Church Yout	h Group,

1301 E. Main Street, Cushing, OK 74023 Office: 918-225-2400 | Email: Tracy@cushingchamber.org Cushingchamberofcommerce.org



What is at least one thing that you hope to gain/ accomplish from participating and joining the Cushing Junior Chamber? Please list one referral: Name, Phone, Email						
* * * *	Promote "Character" throug	TWO Chamber Events per semester h volunteer service and school activities ne 9 Junior Chamber monthly meetings.				
school. W opportuni their com	e accomplish this by helping tl ities by working with local lead munity, the importance of com	ber gives students experiences outside of the walls of the nem improve life and business skills, providing leadership ers. We work to provide an opportunity to learn more about munity service, and how the Chamber, City, Schools, I Businesses all work together to create our local economy.				
<u>Please re</u>	turn this form to the Cushing C	namber office or School Administrator.				
Student Si	ignature:					
Parent/ Gu	uardian Signature:					
Date:						
Chamber	Approval:	Date:				



