

JUNIOR STATE OF AMERICA TAX FORM

SCHOOL NAME: _____ **DATE:** _____

To start a JSA chapter at your school you will need the following:

- * a minimum of 8 tax-paid student members listed on this form
- * a Teacher/Advisor from your school
- * school approval
- * a chapter constitution (see example in handbook)

"Taxes" are the dues paid to join a chapter; \$3.00 per member, per year. After the initial eight students have joined, you may send in any number of additional members throughout the year, by mailing the taxes and completed tax form to:

For the Midwest and West Coast
THE JUNIOR STATE OF AMERICA
400 S. El Camino Real, Suite 300
San Mateo, CA 94402

For the East Coast and Texas
THE JUNIOR STATE OF AMERICA
1600 K Street, NW Suite 803
Washington, D.C. 20006

CHAPTER PRESIDENT

(Must pay taxes as a regular member)

NAME

HOME ADDRESS

CITY STATE ZIP

(_____) _____
HOME PHONE NUMBER GRADUATION YEAR

E-MAIL ADDRESS

(_____) _____
CELL PHONE NUMBER

TEACHER/ADVISOR

NAME

SCHOOL ADDRESS

CITY STATE ZIP

(_____) _____
SCHOOL PHONE NUMBER

E-MAIL ADDRESS

(_____) _____
CELL PHONE NUMBER

TAX-PAID STUDENT MEMBERS (Chapter President's information goes first):

1. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number
2. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number
3. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number
4. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number
5. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

TAX-PAID STUDENT MEMBERS FOR SCHOOL _____

6. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

7. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

8. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

9. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

10. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

11. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

12. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

13. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

14. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

15. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

16. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

17. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

18. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

19. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

20. _____
Name Address City State Zip

Year of Graduation Email Address Phone Number

USE ADDITIONAL COPIES AS NECESSARY - PLEASE FILL OUT COMPLETE ADDRESSES AND PHONE NUMBERS!