



JUNIOR STATE OF AMERICA MEMBERSHIP DUES FORM

SCHOOL: _____ **DATE:** _____

Please check below if you have completed the following steps to start a JSA chapter at your school:

- Received school approval
- Have a Teacher/Advisor sponsoring the chapter
- Have eight (8) or more student members verified as dues-paid in MyJSA (my.jsa.org)
- Written a Chapter Constitution

CHAPTER PRESIDENT

TEACHER/ADVISOR

Name

Name

Email

Email

Home Address

School Address

City State Zip

City State Zip

Home Phone Grad Year

School Phone

Cell Phone

Cell Phone

- Each student must pay \$5.00 membership dues to become an active member in JSA.
- Each chapter must submit membership dues to the Junior State of America to participate in JSA events.

_____ **(Number of Dues-Paid Members) x \$5.00 per member = \$** _____ **Total**

Please send completed form to your Junior State's Program Director or mail it to:

For the West Coast, Texas, & Arizona:
JUNIOR STATE OF AMERICA
111 ANZA BLVD, STE 109
BURLINGAME, CA 94010

For the East Coast & Midwest:
JUNIOR STATE OF AMERICA
2001 S STREET NW, Suite 510
WASHINGTON, DC 20009

_____ Check enclosed (one check)

_____ Please charge the credit card below

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

City: _____ State: _____ Zip Code: _____

DUES-PAID STUDENT MEMBERS

1.	Chapter President Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
2.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
3.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
4.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
5.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
6.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
7.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
8.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
9.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number
10.	Name	Address	City	State	Zip
	Graduation Year	Email Address	()		Phone Number

DUES-PAID STUDENT MEMBERS (CONTINUED)

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

Name	Address	City	State	Zip
Graduation Year	Email Address	()		
		Phone Number		

MAKE ADDITIONAL COPIES AS NECESSARY