



# CHRIST CHILD SOCIETY<sup>®</sup>

## OF CLEVELAND

WHERE LOVE LEADS TO ACTION

### APPLICATION FOR MEMBERSHIP

Name: <i>(as it will appear in the roster)</i>			
_____	_____	_____	
First	Middle (or initial) (optional)	Last	
Salutation to appear on <i>The Starlight Soirée</i> invitation:			
Circle Preferred Title: Mrs.	Ms.	Miss	Dr.
Maiden Name:		Spouse:	
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Parish:
Preferred contact number: Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> (checked number will be listed in the roster)			
Email:			I want to receive the newsletter via: <input type="checkbox"/> Email <input type="checkbox"/> US Mail
Age Demographic: 30 and under <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 61-75 <input type="checkbox"/> 76 and older <input type="checkbox"/>			
How did you learn about us?			
Special Skills and Interests: (ie. Business, Computer, Publicity, Writing, Artistic, Merchandising, Fundraising, etc.)			
Previous Volunteer Experience:			
Name of Sponsor (Current Christ Child Society Member):			
<i>If Applicant does not have a Sponsor, the Provisional Chairman will assign one.</i>			
I understand when I am accepted as a Provisional Member of the Christ Child Society of Cleveland, I will meet the provisional requirements. Upon acceptance into membership, I will comply with the Chapter membership requirement which, for active members, is completion of a minimum of fifty (50) volunteer hours each year in any Christ Child Society sanctioned projects.			
Signature of Applicant:			Date:

**Please enclose your application fee in the amount of \$75.00.**

**Checks should be made payable to "The Christ Child Society" and mailed to:**

**The Christ Child Society of Cleveland  
7901 Detroit Avenue, Suite 300  
Cleveland, OH 44102**

**Form Revised 10/2021**