

|  |
| --- |
| APPLICATION FOR SENATORSHIP |
| SUBMIT APPLICATION TO: | PROCESSING AND SHIPMENT: |
| Junior Chamber International**ATTN: Senate Administrator**15645 Olive Blvd.Chesterfield MO 63017, U.S.A.Tel: (1)(636)449-3100FAX: (1)(636)449-3107E-mail: senate@jci.cc | Please allow approximately three weeks for processing and mailing from the JCI Headquarters. Package will be shipped by:**x UPS (courier service),** which provides ***fast*** and ***guaranteed delivery*** to most regions. Shipping cost: Area A - US$71.74\* Area C - US$44.38\*Area B - US$35.88\* Area D - US$35.76\*United States - US$20.00\*\* The shipping cost includes shipping for two senatorships. More than two will be an additional cost. |
| **APPLICANT’S DATA**Please PRINT clearly in BLOCK LETTERS |
| **We wish to file an application for membership in the JCI Senate for:** |
|  |  |  |
| First Name | Middle Name | Last Name |
|  |
| Address of Applicant |
|  |  |
| City, State, Zip Code (Postal Zone)  | Country |
| *Tel. (Res.):* |  | *Tel. (Bus.):* |  |
| Fax: |  | *Email Address* (IMPORTANT): |  |
| Date of Birth (e.g. 11/2/58): |  |  |  | Occupation: |
| Month | Day | Year |
| JUNIOR CHAMBER HISTORY OF APPLICANT |
| *Date applicant joined Junior Chamber:* | *Date applicant ceased to be a member (if applicable):* |

JCI the Netherlands has her own (more formal procedure) for the application of a senatorship. For more information please contact our National President.

|  |
| --- |
|  |
| LANGUAGE PREFERENCEPlease check (√) the appropriate box provided below. |
| Applicant would like to receive certificate in:  |  **English** | **X** |  **Spanish** |  |  **French** |  |

|  |
| --- |
| APPROVAL PROCESS **No approval other than indicated below shall be required or permitted.** |

|  |  |
| --- | --- |
| Name of **Local Organization**: |  |

(*Please* ***PRINT****)*

|  |  |  |  |
| --- | --- | --- | --- |
| Approved by: | x |  |  |

 *(Signature of* ***Chapter President****) (Date)*

|  |  |
| --- | --- |
| Name of **National Organization**: | JCI the Netherlands |

 (*Please* ***PRINT****)*

|  |  |  |  |
| --- | --- | --- | --- |
| Approved by: | Susan Houterman, Deputy President 2025 |  | ……… |

 *(Signature of* ***National President****) (Date)*

Please ensure that all the above ↑ required signatures are obtained as requested

before submitting application to the JCI Headquarters.

|  |
| --- |
| INFORMATION FOR SURPRISE PRESENTATION(Please PRINT information clearly below.) |
| If Senatorship is to be presented as a surprise, please provide the following information (if this information is not provided, documents will be sent to the corresponding national organization): |
| Name : | **Susan Houterman** |
| Address: |  |

***IMPORTANT:*** *If courier shipment is required, kindly provide the* ***STREET ADDRESS***↑ *(no P.O. box, please)*

|  |  |
| --- | --- |
|  |  |
| City, State, Zip Code (Postal Zone)↑ | Country |
| *Tel. (Bus.)#:* |  | *Tel. (Res.)#:* |  |
| *Fax#:* |  | *Email Address:* | **shouterman@jci.nl** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Senate Document Must Be Received:** |  |  |  | **Formal Presentation Date:** |  |  |  |
| PAYMENT OPTIONS |
| Please submit US$300 for payment of a lifetime Senatorship.. Kindly select (√) from the following payment options: |
| X | CREDIT CARD | NOTE: There is a US$10 credit card processing fee per applicant. |
| **Check (**√**) appropriate box:** |  | MASTERCARD |  | DINERS CLUB |  | VISA |  | AMERICAN EXPRESS |
| Clearly PRINT card#: |  |
| Clearly PRINT Expiration Date:  |  CCV/CVV:  |
| PAID THROUGH JCI STORE WEBSITE ORDER NO ……… | x |
| *Name of Credit Card Holder (please* ***PRINT******clearly)*** ↑ | *Signature* |
|  |