



4300 Indianola Avenue, Columbus, Ohio 43214  
Phone: (614) 263-4300  
www.charitynewsies.org

## APPLICATION FOR MEMBERSHIP

Application Date \_\_\_\_\_

**Please check box of type of membership for which you are applying:**

**Probationary - \$100**

**Auxiliary - \$50**

Full Legal Name \_\_\_\_\_

Name you prefer to be called (if different) \_\_\_\_\_

Residence Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Position/Title \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Reason for wanting to become a member of Charity Newsies (attach additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_

**"Community Service Since 1907"**



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**Application Fee: Probationary \$100.00      Auxiliary: \$50.00**

**Please read carefully:**

If accepted, I will comply with the rules and regulations of the Charity Newsies. Furthermore, I will give reasonable time to the Newsies' activities and will carry out those duties assigned to me. I authorize the Charity Newsies to review credit, criminal, and other appropriate records to determine my worthiness for membership. I certify that I am a citizen of the United States and at least 21 years of age.

The Board of Trustees of Charity Newsies has directed the Membership Committee and the Probationary Committee to outline a list of activities required of probationary and auxiliary members to generate awareness of what is expected from each member of the Charity Newsies. Probationary activities include: the annual paper sale, home visits, membership meetings, the Clothe-A-Child Auction, and working at headquarters. Auxiliary activities include: the annual paper sale.

I understand all of the above and also acknowledge that these activities are my obligation not only during Probationary Status of Charity Newsies, but also throughout my membership commitment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SPONSORS' DECLARATION**

|                           |                     |
|---------------------------|---------------------|
| Sponsor's Printed Name    | Sponsor's Signature |
| Relationship to Applicant | Date                |

|                       |                                       |
|-----------------------|---------------------------------------|
| <b>FOR OFFICE USE</b> |                                       |
| Date Received: _____  | Reviewed by: _____                    |
| Accept: _____         | Deny: _____      Approval Date: _____ |
| Amount Paid: _____    |                                       |

**"Community Service Since 1907"**