



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 _____

Were you helped by Charity Newsies as a child? Yes No

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

FOR OFFICE USE	
Date Received: _____	Reviewed by: _____
Accept: _____	Deny: _____ Approval Date: _____
Amount Paid: _____	

"Community Service Since 1907"