



Legacy Membership Request Form

Deadline for filing a Legacy Request is January 31 in order to be considered for initiation prior to May 31.

Jack and Jill of America, Incorporated

Empowering Our Youth to Excel through Leadership and Service in Our Communities

1938-2008

Requesting Membership Information

Basis for Legacy: Self Spouse

Instructions: This form must be submitted to the National Office by the Chapter President. In the event that chapter files do not verify the Mother's tenure, submit one of the following along with this form:

1. Copy of "Completion of Tenure" form
2. Notorized letter verifying tenure from financial member/former member who held concurrent membership with the Mother
3. Notorized letter from another Jack and Jill member with knowledge of the Mother's tenure

Name	Chapter Affiliation Requested	Region
Address	City	State Zip
Phone No.	Email	Spouse's Name

Children Information

Name	Birth Date	M F	Name	Birth Date	M F
Name	Birth Date	M F	Name	Birth Date	M F

Legacy Information

Name of Legacy _____ Mother of Legacy _____ Living Deceased

Mother's Last Chapter Affiliation	State	Region
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Children of Legacy

Name	Birth Date	M F	Name	Birth Date	M F
Name	Birth Date	M F	Name	Birth Date	M F

Mother's National Per Capita Tax: _____
Year Paid

Mother's Headquarters' Assessment Paid: Yes No N/A _____
Year Paid

Jack and Jill of America, Incorporated
1930 17th Street, NW
Washington, DC 20009
202-667-7010 • www.jack-and-jill.org

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Note: Chapter Presidents are requested to send a letter accompanying the request verifying the legacy mother's membership status at the end of her membership term and the compliance with local and national bylaws.

_____ Signature of Person Requesting Membership	_____ Date of Request
_____ Legacy Mother's Signature (unless deceased)	_____ Date of Request
_____ Legacy Mother's Chapter President's Signature	_____ Date of Approval

To be completed by the Chapter President

Mother completed tenure in good standing? Yes | No

Mother's Membership ID Number _____

Mother's Last Year of Active Membership _____

To be completed by the National Headquarters

Processed By	Date Received	Amount Received
_____ National Corresponding Secretary		
_____ Executive Director		

Approved? Yes | No

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