

# Montana JCI Senate New Senator Application

Until the Montana JCI Senate receives the required information indicated on this form, the recipient will not be enrolled in the Montana JCI Senate or the U.S. JCI. Fees involved are used to cover the recipient's first years dues and incidentals involved with the presentation of a Senatorship. Please insure that all information about the recipient is accurate to avoid delays and mistakes on name badges and mailing addresses. Items in bold are required.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

JCI Number (as assigned by JCI): \_\_\_\_\_

Chapter Presenting: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Spouse: \_\_\_\_\_

The fee for the enrollment is \$25.00. Please make checks payable to: Montana JCI Senate.

**Please submit this form no less than 3 weeks prior to the presentation along with the proper funding to: Montana JCI Senate**

% **Tami Christenson**  
**417 25th AVE NW**  
**Sidney, MT 59270**

E-Mail: [tricityadm@midrivers.com](mailto:tricityadm@midrivers.com) If you have any questions concerning this enrollment or need help please feel