

SERVICE

COMMUNITY

Junior Catholic Daughters of the Americas Membership Application

Name:			
Address:		Date of Birth:	
City:	State:	Zip Code:	Age:
Telephone:	Email Address:		
Court Name and No.: Court Sa	int Martin de Porres ‡	2719	
Parish Name and City		Applicant's Signatu	ure
Court Chairman's Signature		Parent or Guardiar	n's Signature
****** TO BE	COMPLETED BY COUR	RT CHAIRMAN *******	*****
Date Application Received:		Date of Reception:	
Date of Instution (New Court C	only):		
Participant's Name: On occasion, video recordings, audio JCDA activities. These are utilized in the State of Texas does not prevent a Senate Bill 1, Section 26.009, which courrent video recordings and photog I consent / do not consent (ovolunteers of JCDA Court #2719 Sain with the use of my child's picture or a section of the section o	recordings, photographic newsletters, websites, evenudio or video recording of leals specificially with schoraphs assist law enforcem theck one) to the use of such the Martin de Porres and the	slides, and photographs are ta ent promotion, advertisements r the photographing of children ool districts), it does encourage ent agencies dealing with the N ch materials in which my child e Roman Catholic Diocese of Au	ken of children and youth during and other printed media. As n/youth (with the exception of parental consent. Additionally, Missing Children's Program. may appear. I release the istin from any liability connected
Signature of Parent/Guardian/Conse			
PRINTED Name of Parent/Guardian/0	Conservator		
Mother's Name	E-mail Address		
Father's Name	E-mail Address		