



## Children's Bureau Auxiliary Membership Application

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

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

Birth month: \_\_\_\_\_ Day: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Company: \_\_\_\_\_

Type of work: \_\_\_\_\_ Work phone: \_\_\_\_\_

What are your special interests, hobbies, skills and leisure activities?

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Name/source of referral (if applicable): \_\_\_\_\_

Member responsibilities include active participation in the work of the organization, annual dues of \$50, and attendance at as many meetings as possible.

Please return this application to Elaine Grant with dues payment of \$50 made payable to *Children's Bureau Auxiliary*. If you have any questions, please contact Elaine at 280-7303 or [downtownindygrants@gmail.com](mailto:downtownindygrants@gmail.com).

Thank you!!

Elaine Grant  
1416 N. Alabama Street  
Indianapolis, IN 46202

Signature: \_\_\_\_\_ Date: \_\_\_\_\_