



Shining Stars Junior Civitan Club

Name _____ Grade _____

Address _____

City & State _____ Zip Code _____

Telephone Number _____

Email _____

Birthday _____

Parent Name _____ Parent Name _____

Parent Email _____ Parent Email _____

Parent Phone # _____ Parent Phone # _____

I hereby request membership in the Shining Stars Junior Civitan Club. I agree to abide by the international, district, and club constitutions, bylaws, and policies and the Code of Conduct as established by Civitan International. I agree to pay the sum of \$25 as an initiation fee, which includes annual dues. I understand that \$2.50 of my annual dues shall be applied as a subscription to the official Junior Civitan publication, the Junior Civitan Insider, and shall include a membership card.

Student Signature _____

Parent Signature _____