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| APPLICATION FOR SENATORSHIP | | | | | | | | | | | | | | | | | |
| SUBMIT APPLICATION TO: | | | | | | PROCESSING AND SHIPMENT: | | | | | | | | | | | |
| Junior Chamber International  **ATTN: Senate Administrator**  15645 Olive Blvd.  Chesterfield MO 63017, U.S.A.  Tel: (1)(636)449-3100  FAX: (1)(636)449-3107  E-mail: [senate@jci.cc](mailto:senate@jci.cc) | | | | | | Please allow approximately three weeks for processing and mailing from the JCI Headquarters. Package will be shipped by:  **🞎 Regular Mail,** unless otherwise indicated. Delivery may take up to six weeks.  **🞎 UPS (courier service),** which provides ***fast*** and ***guaranteed delivery*** to most regions. Shipping cost:  Europe – US$65.00\* | | | | | | | | | | | |
| **APPLICANT’S DATA**  Please PRINT clearly in BLOCK LETTERS | | | | | | | | | | | | | | | | | |
| **We wish to file an application for membership in the JCI Senate for:** | | | | | | | | | | | | | | | | | |
| **Xxxxxxxx** | | | |  | | | | | | | **Xxxxxxxxxxx** | | | | | | |
| First Name | | | | Middle Name | | | | | | | Last Name | | | | | | |
| **Xxxxxxxx** | | | | | | | | | | | | | | | | | |
| Address of Applicant | | | | | | | | | | | | | | | | | |
| **0000 Xxxxxxxxxxxx** | | | | | | | | | | | | | | **Belgium** | | | |
| City, Zip Code (Postal Zone) | | | | | | | | | | | | | | Country | | | |
| *Tel. (Res.):* | **+32….** | | | | | | | *Tel. (Bus.):* | **+32….** | | | | | | | | |
| Fax: |  | | | | | | | *Email Address* (IMPORTANT): | | | | | **xxxxx@xxxxx.be** | | | | |
| Date of Birth (e.g. 21/2/58): | |  |  | |  | | | Occupation: **xx** | | | | | | | | | |
| Month | Day | | Year | | |
| JUNIOR CHAMBER HISTORY OF APPLICANT | | | | | | | | | | | | | | | | | |
| ***Date applicant joined Junior Chamber****:* **mm/dd/yyyy** | | | | | | | | ***Date applicant ceased to be a member (if applicable):* mm/dd/yyyy** | | | | | | | | | |
| Activities in Junior Chamber | | | | | | | | | | | | | | | | | |
| **Briefly summarize in English!** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Current and Past Junior Chamber Position(s) of Applicant | | | | | | | | | | | | | | | | | |
| **Briefly summarize in English!** | | | | | | | | | | | | | | | | | |
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| Reason(s) for Award of Senatorship  **If space is insufficient, please include additional page(s).** | | | | | | | | | | | | | | | | | |
| **Briefly summarize in English!** | | | | | | | | | | | | | | | | | |
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| LANGUAGE PREFERENCEPlease check (√) the appropriate box provided below. | | | | | | | | | | | | | | | | | |
| Applicant would like to receive certificate in: | | | | | | | **English** | | | **X** | | **Spanish** | | |  | **French** |  |
| Gender (m/f): | | | | | | |  | | |  | |  | | |  |  |  |

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| APPROVAL PROCESS  **No approval other than indicated below shall be required or permitted.** |

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| Name of **Local Organization**: | **JCI xxxxxxxxx** |

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| Approved by: | **First Name / Last Name** |  | **mm/dd/yyyy** |

*(Signature of* ***Chapter President****) (Date,* *mm/dd/yyyy)*

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| Name of **State Organization**: | **JCI Vlaanderen** |

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| Approved by: | **Stef Verbeeck, President 2015-2016** |  | **mm/dd/yyyy** |

*(Signature of* ***State Presiden****t) (Date* *mm/dd/yyyy)*

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| Name of **National Organization**: | **JCI Belgium** |

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| Approved by: | **Sarah Lammers, National President 2016** |  | **mm/dd/yyyy** |

*(Signature of* ***National President****) (Date* *mm/dd/yyyy)*

Please ensure that all the above ↑ required signatures are obtained as requested

before submitting application to the JCI Headquarters.

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| INFORMATION FOR SURPRISE PRESENTATION  (Please PRINT information clearly below.) | |
| If Senatorship is to be presented as a surprise, please provide the following information (if this information is not provided, documents will be sent to the corresponding national organization): | |
| Name : | **JCI Belgium** |
| Address: | **Bld Emile Bockstaellaan 193** |

***IMPORTANT:*** *If courier shipment is required, kindly provide the* ***STREET ADDRESS***↑ *(no P.O. box, please)*

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| **B – 1020 Brussels** | | | | | | | | | | | | | | | | | **Belgium** | | | | | |
| City, State, Zip Code (Postal Zone)↑ | | | | | | | | | | | | | | | | | Country | | | | | |
| *Tel. (Bus.)#:* | | **+32 2 428 36 61** | | | | | | | *Tel. (Res.)#:* | | | | |  | | | | | | | | |
| *Fax#:* | |  | | | | | | | *Email Address:* | | | | | [**info@jci.be**](mailto:info@jci.be) **+** [**sarah.lammers@jci.be**](mailto:sarah.lammers@jci.be) | | | | | | | | |
| **Date Senate Document Must Be Received:** | | | | | | |  | | |  |  | **Formal Presentation Date:** | | | | | | | |  |  |  |
|  | | | | | | | mm | | | dd | yy |  | | | | | | | | mm | dd | yy |
| PAYMENT OPTIONS | | | | | | | | | | | | | | | | | | | | | | |
| Please submit US$300 for payment of a lifetime Senatorship.  . Kindly select (√) from the following payment options: | | | | | | | | | | | | | | | | | | | | | | |
|  | CREDIT CARD | | | NOTE: There is a US$10 credit card processing fee per applicant. | | | | | | | | | | | | | | | | | | |
| **Check (**√**) appropriate box:** | | | |  | MASTERCARD |  | | DINERS CLUB | | | | | |  | | VISA | |  | AMERICAN EXPRESS | | | |
| Clearly PRINT card#: | | | |  | | | | | | | | | | | | | | | | | | |
| Clearly PRINT Expiration Date: | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | x | | | | | | | | | |
| *Name of Credit Card Holder (please* ***PRINT******clearly)*** ↑ | | | | | | | | | | | | | *Signature* | | | | | | | | | |
|  | CHECK DRAWN ON A U.S. BANK | | NOTE: Check should be drawn on a U.S. bank in US dollars made payable to Junior Chamber International (to address indicated at the very bottom of this page). | | | | | | | | | | | | | | | | | | | |
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|  | WIRE TRANSFER | | NOTE: Please cover the wire transfer bank fee at your end, OR include an extra US$20 to cover the wire transfer transaction fee at JCI’s end. | | | | | | | | | | | | | | | | | | | |
| To ensure the proper account is credited, please send a fax (636-449-3107) or email to the attention of JCI Accountant at [account1@jci.cc](mailto:JCIFIN@aol.com) (and please copy the Senate Administrator at [senate@jci.cc](mailto:JCISenate@aol.com)) with the following information🡫: | | | | | | | | | | | | | | | | | | | | | | |
| 🖂 PLEASE SEND PAYMENT TO:  **Enterprise Banking, 300 St. Peters Centre Boulevard**  **St. Peters, MO 63376, U.S.A.**  **Account: 0000076291**  **ABA (routing no.): 081006162**  **Junior Chamber International (JCI), Inc.** | | | | | | | | | | | | | | | **1) Amount of transfer**  **2) Transaction date**  **3) Reason for transfer** (e.g. Senatorship). | | | | | | | |