



National Junior Frontiers membership (NJFP) Application

Name _____ Grade _____ Age _____ DOB _____

Address _____ City/State _____ Zip _____

School _____ Principal _____ Local Frontiers Club _____

Parents (legal Guardian) name(s) _____

Phone number _____ (home and cell) _____

Email _____

How did you learn about Junior Frontiers?

What other interest do you have? (Clubs, Sports, Hobbies etc.)

Are you willing to devote the time/energy necessary to be an active member?

Explain

Key Medical information

Emergency Contact _____

Relationship _____ Phone _____ (h and c) _____

Insurance number Optional) _____

Provider _____ Phone _____

Doctor (optional) _____ Cell phone _____

Junior Frontiers Advisor Signature _____

Signature of two Frontiers International Inc. members from the state of Indiana

1. _____ 2. _____

Applicant Signature _____

NJFP Fee: \$50 Paid _____ Date _____

Date application approved _____

Junior Frontiers Pledge

As a member of the NJFP I promise the following:

To attend meetings regularly.

To participate in club projects and activities.

To do my part to make our club the best it can be.

To do my best in school.

To behave in a manner that will be a positive reflection on my family, my community, my school, myself and my club.

To create, maintain, and extend throughout the home, school, and community high standards of ethical character.

To involve other members in developing leadership skills, and encourage participation in community service, while increasing an awareness of oneself and community.

Signature _____

Parent Signature _____

For more information about the **INDIANA JUNIOR FRONTIERS** and the **NJFP** programs and activities please contact Robert O. Walls at 317-294-4784 or winningexperiences@gmail.com