



Oregon Rainbow Pledge Application

Sponsored by
The International Order of the Rainbow for Girls

I, _____ submit my application
for membership in _____ Pledge Group
and have the permission of my parents to join.

Address _____ Phone _____

I was born at _____

My birthday is _____ I am _____ years old

My Father/Guardian's Name _____

Address _____ Phone _____

Email _____ Cell Phone _____

My Mother/Guardian's Name _____

Address _____ Phone _____

Email _____ Cell Phone _____

Recommended by: _____ (Girl)

_____ (Adult)

I consent to this application:

_____ Date _____

Parent or Guardian Signature

Applicant's Signature

_____ Date Initiated _____

Pledge Mother