

## 2024 NEW MEMBER SPONSORSHIP FORM

EACH CANDIDATE MUST BE 30 YEARS OF AGE ON OR BEFORE APRIL 1, 2024

WIFE		
	Last Name	Maiden Name:
		Years in Fort Worth:
	rocession.	rears in Fore worth.
City: Zip Code	:: Email:	
Home Phone #:	Cell Phone #:	
LII ICD ANID		
HUSBAND Title: First Name:	Last Name	::
		Years in Fort Worth:
Email:	Profession:	Cell Phone #:
DETAIL CANDIDATE'S SUF	PPORT OF JEWEL CHARITY ANI	D/OR COOK CHILDREN'S MEDICAL  of prize and/or auction items if relevant
DETAIL CANDIDATE'S SUF CENTER IN THE PAST THE OTHER COOK CHILDREN'S AND/OR THROUGH VOLU	PPORT OF JEWEL CHARITY AND EE YEARS, including contribution of the second secon	D/OR COOK CHILDREN'S MEDICAL of prize and/or auction items if relevant



YEARS ACQUAINTED WITH CANDIDATE:
IF RELATIVE, STATE RELATIONSHIP:
SPONSOR'S MEMBERSHIP STATUS: Active / Non-Resident / Life / Honorary
SPONSOR'S CURRENT VOLUNTEER AND FINANCIAL COMMITMENT TO JCB:
SPONSOR'S INVOLVEMENT IN JCB OVER THE LAST 3 – 5 YEARS:
I HAVE INFORMED MY CANDIDATE OF THE REQUIREMENTS FOR NEW MEMBERS:
• Annual Dues (\$2,100);
<ul> <li>Minimum Silver Angel (\$3,000) level donation;</li> <li>Purchase or sale of \$2,000 in Raffle Tickets outside of event sales;</li> </ul>
<ul> <li>Furchase or sale of \$2,000 in Raffle Tickets outside of event sales;</li> <li>Attend New Member Orientation on August 29<sup>th</sup> at Cook Children's Medical Center;</li> </ul>
<ul> <li>Attending and selling Raffle Tickets at the Men's and Ladies' events and the night of the Ball;</li> </ul>
• Fulfillment of a minimum of 20 hours of volunteer service.
Yes No
SPONSOR NAME
Phone#:
SIGNATURE OF SPONSOR

PLEASE PROVIDE ORIGINAL OF THIS FORM WITH PHOTOGRAPH OF CANDIDATE BY FRIDAY, April 19, 2024 TO THE JEWEL CHARITY OFFICE.