



SUFFIELD LEAGUE

Membership Application

Name: _____

Board Use Only

Address: _____

Phone: _____

Cell: _____

Email: _____

Occupation: _____

Board Vote:

Approved

Denied

Date:

Are you over the age of 21? _____

Why do you want to become a member of the Suffield League? _____

Would you consider becoming an Officer of the Suffield League? _____

Have you ever been involved with a Volunteer Organization? _____

Have you done any fundraising? _____

What special skills or talents do you feel you can bring to this organization? _____

The Suffield League's mission is to promote the small town ideals of our community, to nurture the spirit of volunteerism, and to give back to our town by providing opportunities for individuals and organizations to serve by sponsoring events and projects that benefit all.