



Message

Service

Community

JCDA RECEPTION REPORT

COURT NAME _____ NO _____

COURT CHAIRMAN _____ PH# _____ CELL _____

MAILING ADDRESS _____

CITY _____ TX, ZIP _____

E-MAIL _____ DATE-NEW MEMBER RECEPTION _____

NEW JUNIORS _____ + RETURNING JUNIORS _____ = TOTAL JR.'S _____

NEW JETTS _____ + RETURNING JETTS _____ = TOTAL JETTS _____

**** SUBMIT THIS FORM WITH THE MEMBERSHIP APPLICATIONS TO THE JCDA STATE CHAIRMAN****

LIST THE NAMES AND ADDRESSES OF THE NEWLY RECEIVED JCDA MEMBERS:

| NAME | ADDRESS/CITY/ZIP | AGE |
|------|------------------|-----|
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RECEPTION

FORM

MAKE COPIES IN

GREEN