

National Charity League

Riverside, California

Legacy Form

Patroness member's name _____

Husband's name (if applicable) _____

Patroness's occupation _____

Spouse's occupation _____

Prospective Ticktocker's name _____

Address _____ Phone _____

Grade in September next fall _____

School presently attending _____

School attending in September _____

List sisters, ages, grades _____

List past and present affiliations, social and community activities:

Patroness

Prospective ticktocker

By my signature I understand that the information on this page will be reviewed by the Membership committee of National Charity League, Inc., Riverside Chapter.

Signature of Patroness _____ Date _____