



**North Carolina JCI Senate
Mentor Program Request Form**

Chapter Name: _____

Chapter President: _____

Jan. 1 Membership Base: _____

Current Membership Base: _____

Current Chapter Concerns: _____

Yes, We would like to enroll in the NC JCI Senate Mentors Program: Check here

President's Signature: _____

Email: _____ Phone: _____

Or Signatures of two (2) Chapter Officers:
(Chapter President will be notified of request)

Email: _____ Email: _____

Phone: _____ Phone: _____

If not signed by Chapter President: why is the President not endorsing? _____

Chapter Meeting Time and Location: _____

Return completed form to Terry Jones #52694 by Email to: TJCoffeeServ@aol.com
Or mail to: PO Box 265
Holly Springs, NC 27540