



WELLESLEY SERVICE LEAGUE APPLICATION FOR MEMBERSHIP SPONSOR'S FORM

This form must be filled out by the Sponsor and returned with the candidate's application to Liz Robbins,
Membership Chair, 12 Bowdoin Rd, Wellesley, MA 02481 by **Friday, March 30th at 5:00 p.m.**

1. Candidate's name _____

2. How long have you known the candidate? _____

3. In what capacity have you known the candidate? _____

4. Have you served as a volunteer with the candidate? ____ Yes ____ No

If so, where and doing what? _____

5. Is the candidate reliable, dependable, and responsible? _____

6. Which of the candidate's activities do you feel particularly qualify her for the Wellesley Service League?

7. Please provide any additional information that you feel would be helpful to the Membership Committee. _____

Sponsor's Name (Signature)

Sponsor's Name (Printed)

Date