



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 and Checklist to Sheila Olson, Membership Co-Chair, 86 Elmwood Road, Wellesley, MA 02481 by **March 25, 2020 at 6:00 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