



## California Pledge Application

Sponsored by  
The International Order of the Rainbow for Girls

I, \_\_\_\_\_ submit my application for  
Membership in \_\_\_\_\_ Pledge Group and have  
the permission of my parents to join.

Address \_\_\_\_\_ Phone \_\_\_\_\_

I was born at \_\_\_\_\_

My birthday is \_\_\_\_\_ I am \_\_\_\_\_ years old.

My Father/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

My Mother/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Recommended by: \_\_\_\_\_ (Girl)

\_\_\_\_\_ (Adult)

I consent to this application:

\_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Date Initiated \_\_\_\_\_

Pledge Mother