

## ESO PLEDGE APPLICATION

*Please copy and complete the following application and send it to your state Education Collaboration Chairman. This form will be used to track your progress as an ESO member through the ESO levels.*

Date					
Member Name					
GFWC Club Name					
Member Address					
		State		Zip Code	
Phone		Email			

I hereby agree to pursue the goals of ESO and to participate in ESO programs.

---

Signature

Please return form to:  
Lill Helming  
GFWC/CT Education Collaboration Chairman  
203 Amenia Road  
Sharon, CT 06069