**ESO PLEDGE APPLICATION**

*Please copy and complete the following and send it to your state ESO chairman. This form will be used to track your progress as an ESO member through the ESO Levels.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | | | | |
| Member Name |  | | | | |
| GFWC Club |  | | | | |
| Address |  | | | | |
| City |  | State |  | Zip Code |  |
| Phone |  | Email Address | |  | |

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

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Signature

GFWC WI ESO Chairman

Sue Schwarten

21025 George Hunt Circle #1236

Waukesha, WI 53186

414-803-4842

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