



Membership Assistance Form

Member

Name _____

Address _____

City _____ State _____ Zip Code _____

School: _____

What events do you participate in?

1. _____ 2. _____ 3. _____

Parents Information

Mother

Name _____

Occupation _____

Name Of Company _____ Phone # _____

Annual Income _____

Father

Name _____

Occupation _____

Name of Company _____ Phone # _____

Annual Income _____

General Information

How much are you seeking? _____

Are you willing to fundraise? _____

How long are you planning to be a member? _____

What are your Track Goals?