

Membership Application

Full Name: _____

E-mail address: _____

Student ID: _____

Gender: _____

Grade: _____

Date of Birth: ____ / ____ / ____

(Ex: 01/06/00 MM/DD/YY)

Address:

Reachable Phone Number: (____) - ____ - ____

(ex: (987)-654-3210)

Previously in Key Club? (Y / N)

Payment Method: Cash / Check (Make checks payable to Kiwanis Club of Cypress and it would help out if you write you name and student ID in the memo!)

By Signing, you have agreed to the terms of Cypress Key Club rules and policies, you have agreed to the terms of the media release form, and to the terms of the medical release form.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SUBMIT ASAP

- Can submit starting **August 16th, 2018**
- Rest of the year: Every first meeting of the month