

YOUTH ACTIVITIES SAMPLE MEMBERSHIP FORM

TEMPLE NAME / 123 MAIN STREET / ANYTOWN, MS 10000
(XXX) XXX-XXXX / (XXX) XXX-XXXX fax / temple@email.org

NAME OF PARTICIPANT: _____

ADDRESS: _____

CITY, ST ZIP: _____

PHONE: _____

E-MAIL: _____

SCHOOL: _____

GRADE IN SCHOOL: _____

GRADE IN RELIGIOUS SCHOOL: _____

PARENT'S NAMES: _____

PARENT'S DAYTIME PHONE #'S: _____

I permit my child to participate in youth activities sponsored by *TEMPLE NAME*.
Enclosed please find a check in the amount of DUES AMT. Along with a
voluntary contribution of _____ to help support the youth of
TEMPLE NAME.

Parent's Signature

PLEASE RETURN THIS FORM
ALONG WITH YOUR CHECK PAYABLE TO *TEMPLE NAME* TO:

Youth Advisor
Address
City, St. Zip

NO LATER THAN *DEADLINE*