

2019-2020 SCHOOL YEAR

Please circle your grade level:

6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>  
9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

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## Interact Membership Application Form



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State or Province: \_\_\_\_\_  
Country/Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_

**Mom's Phone:** \_\_\_\_\_

**Mom's Email:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_

**Dad's Phone:** \_\_\_\_\_

**Dad's Email:** \_\_\_\_\_

Areas of Interest:

- |  |   |
|--|---|
| <input type="radio"/> School Service       | <input type="radio"/> International Service Development |
| <input type="radio"/> Community Service    | <input type="radio"/> Club Service                      |
| <input type="radio"/> Fund-Raising Service | <input type="radio"/> Other: _____                      |

I understand and accept the principles of Interact as expressed in its purpose and objectives, and agree to comply with and be bound by the standard Interact Club constitution, Statement of Policy Relating to Interact, and bylaws of the club.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Interact club secretary should retain this form for club records.**