

2019-2020 SCHOOL YEAR

Please circle your grade level:

6th

7th

8th

9th

10th

11th

12th

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.