2018-2019 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:

- ○ School Service
- ○ Community Service
- ○ Fund-Raising Service
- ○ International Service Development
- ○ Club Service
- ○ 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.