

MEMBER # _____ (Office Use Only)

For Office Use Only:
Paid Dues



Elkins FFA MEMBERSHIP FORM
2018-2019

For Office Use Only:
Received T-shirt

Student Information

**RETURN THIS COMPLETED FORM AND DUES TO MRS MARTIN
IN ROOM 551 **by August 31, 2018****

Yearly Membership Dues: \$25.00 (make checks payable to: Elkins High School FFA)

LAST NAME (please print) _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY _____ ZIP _____ PHONE (____) _____

DATE OF BIRTH ____/____/____ CELL PHONE (____) _____

GENDER _____ ETHNICITY _____ GRADUATION YEAR _____

GRADE _____ YEARS COMPLETED AS A FFA MEMBER _____

E-MAIL ADDRESS _____

SHIRT SIZE (circle one) **S M L XL XXL**

PARENTS NAME(S) _____

PARENT EMAIL: _____

NEW HORIZON MAGAZINE

Subscription address:

____ Check if same as above address

Name _____

Address _____

City _____ State _____ Zip _____

For Office Use Only:
Entered on Roster
