

# T.A.F.E. Membership Form

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student E-mail Address \_\_\_\_\_

Home Address (City, State and Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Dues Paid \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ T-Shirt Paid \_\_\_\_\_

I would like to be a member of T.A.F.E. at East Central High School.

\_\_\_\_\_  
Student Signature Printed Name Date

Allergies: List all food allergies or medical allergies (please indicate any serious medical conditions.)  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular Clubs, Sports and/or Activities (school and community):  
\_\_\_\_\_  
\_\_\_\_\_

