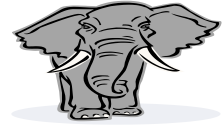




STTARs

ST. TAMMANY TEEN AGE REPUBLICANS



2014-2015 MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
Birthday:	Home Phone:	Cell Phone:
E-mail:	T-Shirt Size:	Age: Class: Fr So Jr Sr

HIGH SCHOOL INFORMATION

Name of School:	
Expected Year of Graduation:	

EMERGENCY CONTACT INFORMATION

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

AREAS OF INTEREST

<input type="checkbox"/> Membership	<input type="checkbox"/> Fundraising	<input type="checkbox"/> GOP Club Liaison
<input type="checkbox"/> Social Media	<input type="checkbox"/> Campaign Work	<input type="checkbox"/> Voter Registration
<input type="checkbox"/> Publicity	<input type="checkbox"/> Social	<input type="checkbox"/> Community Service
<input type="checkbox"/> Program	<input type="checkbox"/> Club Officer	<input type="checkbox"/> Other: _____

MEMBERSHIP DUES - \$10.00 PER SCHOOL YEAR (COLLECTED BY SCHOOL TREASURER)

<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Date Dues Received: _____	Faculty Sponsor - fill in and initial date dues received: _____

STTARs T-Shirt Order STTARs T-shirt \$10 check payable to STTARS Please order Size: _____

SIGNATURES

Signature of Student: _____ Print Name: _____ Date: _____

Signature of Parent: : _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY:

Date Documents Received: 1) STTARs Membership Form: _____ 2) STTARs Parental Consent Form: _____

T-shirt Ordered: Y / N Paid by: ___ Cash ___ Check # _____ Size Ordered: _____