

ETHS KEY CLUB MEMBERSHIP FORM

Name: _____

Address:

Phone Number: _____

Email: _____

Grade: _____

Applicants Signature: _____

Parent/Guardian Signature: _____

Date: _____

*Please include the following items

- This Form
- Medical Form
- Kiwanis Media Release Form
- Membership Dues: \$12.50

PLEASE TURN IN ALL THREE FORMS TO:

- Amanda Flores (Treasurer) by October 29th, 2021
- Richard You (President) by October 29th, 2021
- Submitting to either one of us will be acceptable

