

For Office Use Only:
Received T-shirt

For Office Use Only:
Paid Dues

GARRISON FFA MEMBERSHIP FORM 2018-2019

Student Information

RETURN THIS COMPLETED FORM AND DUES TO MRS. AMOS
Yearly Membership Dues: \$25.00 (make checks payable to: GARRISON FFA)

LAST NAME (please print) _____

FIRST NAME _____ MI _____

ADDRESS _____

CITY _____ ZIP _____ PHONE (____) _____

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

GENDER _____ GRADUATION YEAR _____

GRADE _____ YEARS COMPLETED AS A FFA MEMBER _____

E-MAIL ADDRESS _____

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

PARENTS NAME(S) _____

FFA ACTIVITY INVOLVEMENT

Please Circle the Following:

I am Interested in:

Leadership Development Events

Career Development Events

Speaking Development Events

Exhibiting Livestock