

T.R.I.B.A.L. Council

Membership Form

Please Print

Name: _____ Date: _____

Cell Phone: _____ Other Phone: _____

(May we contact you via text message) Yes or No

Email: _____

Preferred Contact Method: **Cell Phone** **Other Phone** **Email**
(Circle One)

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

Students Name: _____ Grade: _____

(If more space is needed, please continue list in the comments section below)

If you do not have a student affiliation, why would you like to be a member of T.R.I.B.A.L. Council?

(Circle One)

Community Member **Alumni** **Other:** _____

(If other, please describe)

I am interested in helping with the following activities or projects. (Please check)

<input type="checkbox"/>	On-site school activities	<input type="checkbox"/>	Donations - Personal or solicitation
<input type="checkbox"/>	Booths	<input type="checkbox"/>	Committees
<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Baking / Grilling	<input type="checkbox"/>	Other Skill or Talent: _____

Additional information or suggestions for T.R.I.B.A.L. Council:
