TSA Membership Registration Form

Please Print Legibly in Blue or Black Ink

Name:_____
First Last

Address:_____

_____ _____ _____
City State Zip

Age:____ Grade:____ Birth Date:____/____/____

Graduation Year:_____

Email Address:_____ Student ID#:_____
Mom's Name:_____ Dad's Name:_____
Mom's Work #:_____ Dad's Work #:_____
Home #:_____Guardian_____

Circle What Applies:
Teacher(s): Rohacs Vykoukal Johnson
Lunch Period: ___A ___B ___C
Computer Class(es) Currently Taking:

Computer Applications Engineering Graphic Research, Design, & Dev.

Architecture Graphics Multimedia and Animation

Class Schedule:

Class	Room#	Teacher

T-Shirt Size:_____(S-XXL)

For officer use only

Dues Paid:
Yes No

Date:_____

Achievement Level: None Bronze Silver Gold
Previous Officer Positions(s): None President Vice President
Secretary Reporter Treasurer Sergeant-at-Arms Representative
Historian Web Master