# **http://www.cneti.com/~chs/ffa-2.jpgRice Consolidated FFA MEMBERSHIP FORM**

For Office Use Only:

Paid Dues

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **2021-2022**

For Office Use Only:

Received T-shirt

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Student Information

RETURN THIS COMPLETED FORM AND DUES TO Ms. Pagel or Mr. Chollett.

**Yearly Membership Dues: $20.00 (make checks payable to: Rice Consolidated FFA**)

LAST NAME (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_ PHONE (\_\_\_) \_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_/\_\_\_\_/\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_\_\_\_

GENDER \_\_\_\_\_\_\_\_ ETHNICITY \_\_\_\_\_\_\_ GRADUATION YEAR\_\_\_\_\_\_

GRADE\_\_\_\_\_\_\_\_ YEARS COMPLETED AS A FFA MEMBER \_\_\_\_\_\_\_

E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

Entered on Roster

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