



MEMBERSHIP APPLICATION 2018-19

PLEASE PRINT CLEARLY

NEW

RENEWAL

CHAPTER: WINGS Phoenix

Independent Teen (\$25)

Name _____ Birthdate _____

Mobile _____ Email _____

School Attending _____

Address _____

City _____ State _____ Zip Code _____

Sibling Name(s) _____ Mobile _____

Birthdate(s) _____ Email _____

Parent information

Name _____ **Mobile** _____ **Email** _____

Name _____ **Mobile** _____ **Email** _____

Parent Occupation _____ **Parent Occupation** _____

Committee preferences (*Committee names and descriptions are on the back of this form*)

1st

2nd

3rd

By signing this form, I acknowledge that I will not use the membership list for private purposes or permit it to be examined, copied or used by a non-member.

Signature _____ Date _____

Parent Signature _____ Date _____

Please make your check payable to: Childhelp
return with this form to:

Childhelp c/o Kathy Emig
4350 East Camelback Road, Bldg F250
Phoenix, AZ 85018

OR

Email form to kemig@childhelp.org
and

Pay Online



COMMITTEE POSITIONS

*Teens only: Please Circle one committee you would like to join.

Executive

- Run meetings
- Manage communication with chapter
- Coordinate communication with school service clubs

Membership

- Welcome new members
- Provide information to new members
- Plan new member party end of summer

Fundraising

- Plan and coordinate annual fundraiser

Special Events

- Organize community awareness events
- Coordinate service activities
- Plan events for chapter members

Social Media/Communications

- Take and collect photos from meetings and events
- Share social media posts
- Manage photo database