



**TEEN MEMBERSHIP APPLICATION 2019-2020**

**PLEASE PRINT CLEARLY**

\_\_\_\_ NEW \_\_\_\_ RENEWAL

**CHAPTER: WINGS Phoenix**

\_\_\_\_ Independent Teen (\$25)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

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

Sibling Name(s) \_\_\_\_\_ Mobile \_\_\_\_\_

Birthdate(s) \_\_\_\_\_ Email \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

<b>Parent information</b>		
<b>Name</b> _____	<b>Mobile</b> _____	<b>Email</b> _____
<b>Name</b> _____	<b>Mobile</b> _____	<b>Email</b> _____
<b>Parent Occupation</b> _____	<b>Parent Occupation</b> _____	

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

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

*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

Questions: kemig@childhelp.org



## 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