



Campus _____

Q.U.E.E.N.S. Applicant

Please indicate which organization student is applying for

Princess Applicant

MEMBERSHIP APPLICATION

All questions contained in this application are strictly confidential and will be reviewed by selected organization leaders only.

Name (<i>Last, First, M.I.</i>):		Age:	Grade:	Phone:
Address:			Email:	
Birthdate:		Current Citizenship and GPA:		

ORGANIZATION INFORMATION

List the names of any other organizations to which you are a member:	List your top two hobbies:
1.	1.
2.	2.
3.	

What do you hope to accomplish as a result of being a member of this organization?
(Please use another sheet of paper if more space is needed to respond)

Empty space for response to the question above.

**Below is the Q.U.E.E.N.S. and Princess confession.
By signing this application, I agree to commit this confession to memory and to live by it to the best of my ability.**

*I am a young woman called by God to live the abundant life.
I will continually build and restore my God-esteem in pursuit of a victorious and purpose-driven lifestyle.
Throughout my life I will draw others to live for Jesus Christ.*

Student Signature: _____

Date: _____

Fee:

\$10.00/month or \$70.00 due by November 2, 2018, to cover the entire year (a \$10 discount off the annual total of \$80).

Fee includes after-school stacks, binder, books, craft, and project materials provided for the entire school year through June 15 2019.

Extra Charges may apply for:

T-Shirts, field trips, out-of-school/weekend activities, retreats, conferences, and seminars.

Parental Signature and Permission to Participate

By signing this application I give permission for my child to participate in all activities associated with the organization. Further, by signing below, I hereby give permission to Princess to QUEENS Organization, its designees and Nicole Webster, to use my name and photographic or video likeness in any company-approved forms, printed business or marketing tools, website, media and/or social media for advertising, trade, and any other lawful purposes. I understand that no compensation will be given for the use of such.

Parent Name: _____

(Please print clearly)

Parent best contact phone: _____

Parent email address: _____

*Parent Signature: _____ Date: _____

(*Must be signed by parent or legal guardian to participate)

Student Signature: _____ Date: _____

List any allergies, food or otherwise:

(For authorized use only)

Fee paid in full: (Check here) _____ Amount: _____ Date: _____

Fee paid in payments: (Check here) _____ Amount: _____ Date: _____