ShareTrees
THE ART OF SHARING

Branching out to those in need

MEMBERSHIP FORM

☐ New
☐ Renew

Date: / /

Student Name (Legal) _____
Last Name *First Name* *M.I*

Date of Birth / / **School / Grade** _____ /

Home Address _____
Street *City* *Zip*

Student Contact _____
Telephone *E-mail*

Parent Contact _____
Telephone *E-mail*

Parent Name _____ /

Membership Fee $36 ☐ Cash ☐ Check #

I apply as a member of the Sharetrees. _____
Student Signature

PARENT'S/GUARDIAN'S PERMIT

I/We hereby permit my/our son/daughter to participate in the SHARETREES organization. We also promise to support him/her, financially or otherwise, in all undertakings related to the organization's mandated programs, projects, and activities.

_____
Parent or Guardian Signature