

[Type text]

NEW MEMBER?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

YOUTH OF St. Anna Greek Orthodox Church, Flemington, New Jersey
GOYA MEMBERSHIP APPLICATION

MEMBERSHIP YEAR
2016/2017

PLEASE PRINT ALL INFORMATION.

NAME _____
LAST FIRST

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (HOME) (___ ___ ___) ___ ___ ___ - ___ ___ ___

EMAIL ADDRESS: _____

SCREEN NAME: (AIM) _____

BIRTH DATE _____ PRESENT AGE _____ PRESENT GRADE _____

FATHER/GUARDIAN'S NAME _____ WORK# _(_____)_____

MOTHER/GUARDIAN'S NAME _____ WORK# _(_____)_____

MOTHER'S EMAIL: _____ CELL PHONE _____

FATHER'S EMAIL: _____ CELL PHONE _____

1. HAVE YOU SUBMITTED A COPY OF YOUR BIRTH CERTIFICATE? _____ YES _____ NO

2. HAVE YOU SUBMITTED A COMPLETED HEALTH FORM _____ YES _____ NO

(IF "NO", PLEASE SUBMIT ONE WITH THIS APPLICATION.)

3. SCHOOL ATTENDING (NAME/CITY) _____

I, _____ consent to the use of my image and voice taken

(Full Name)

at Greek Orthodox Youth Association (GOYA) functions between the GOYA fiscal calendar year 20____ - 20____. I understand the use of my image or voice will be used in the context in which it was taken. I understand that my image will be used for a GOYA video, and or for use in publications such as Kimisis Close Up, The Orthodox Observer, and or the Hellenic Times or Kimisis Web Site. I have received no consideration for this release.

YOUTH SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME IF UNDER 18 _____

PARENT/GUARDIAN NAME IF UNDER 18 _____

MEMBERSHIP DUES ARE **\$25 PER CHILD**, PER YEAR AND MUST ACCOMPANY THIS APPLICATION, AS WELL AS A SIGNED COPY OF THE "GOYA RULES AND REGULATIONS". MAKE CHECKS PAYABLE TO: **St. Anna Greek Orthodox Church and add GOYA MEMBERSHIP on the memo line of the check.**

[Type text]