

## **EK KARDIA MEMBERSHIP FORM 2010-2011**

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Please send your completed forms along with your membership dues of \$200 payable to Ek Kardia, Inc. by June 1, 2010 to Kelly Barry, 4124 Via Picaposte, PVE, CA 90274

\*\*\* Please note: Every line item must be completed\*\*\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in Sept. 2010 \_\_\_\_\_ School \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_

Daughter's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Daughter's email \_\_\_\_\_

Mother's email \_\_\_\_\_

I understand that to be a member in good standing of Ek Kardia, Inc. that I must abide by the requirements set for membership. I also agree to complete a minimum of 4 service projects and for mothers to "Lead" one service project prior to September 1<sup>st</sup> of each year.

**Daughter's signature** \_\_\_\_\_ Date \_\_\_\_\_

**Mother's signature** \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Dated \_\_\_\_\_

(05/07)