

QUEENS GATEWAY TO HEALTH SCIENCE SECONDARY SCHOOL

CLUBS AT QUEENS GATEWAY

Membership Application

Section 1. Teacher

The name of the club is \_\_\_\_\_ CLUB AT QUEENS GATEWAY

The club meeting schedule: Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Teacher/Advisor \_\_\_\_\_ Room \_\_\_\_\_

Section 2. Student

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Apt#) (City) (State) (ZIP)

E-mail addresses (optional) \_\_\_\_\_ Off. Class \_\_\_\_\_

Please check the boxes and complete the statements:

I would like to become a member of the \_\_\_\_\_ CLUB at  
Queens Gateway because:

\_\_\_\_\_

I am willing to attend the club and abide by the rules and regulations.

My expectation is that the club will provide me with:

\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Section 3. Parent/Guardian: (Check box to indicate approval)

I give permission for my child to participate in the club and its activities.

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date