

# MEMBERSHIP FORM

Birth Date \_\_\_\_\_ Date \_\_\_\_\_  Male  Female

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parents/Guardian's Name \_\_\_\_\_

Parents/Guardian's Signature \_\_\_\_\_

*Please fill out the following questionnaire*

I would like to join the Read-Up! Book Club because \_\_\_\_\_

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I like books about \_\_\_\_\_

My favorite author is \_\_\_\_\_

\_\_\_\_\_ I agree to attend all meetings of the Read-Up! Book Club

T-shirt size: Children's    S     M     L

Student's signature: \_\_\_\_\_