



Membership Application

PLEASE PRINT CLEARLY.

Dues: \$15.00

NAME: _____.

ID #: _____ . Grade: _____.

HOME ADDRESS: _____.

PHONE (Parent): _____.

PHONE: (Student): _____.

Shirt Size (circle one): Adult XS S M L XL

First & Second Period Teachers and Room Numbers:

What is your political affiliation (optional)? Ex: Independent, Republican, Democrat

If you have any questions, please email cghspace@gmail.com