



# MEMBERSHIP REGISTRATION FORM

## 2008-2009

Student Name(s)

Grade Level(s)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Family Name \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Parent Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Thank you for your support!

*To promote and publicize incarnate  
Chattahoochee High School visual arts*

*To encourage artistic development  
of students*

*To develop and enhance a sense of  
pride in self expression through art*

*To provide support, financial and  
otherwise, to all CHS artists*

*To provide the necessary resources  
to supply the program with the  
highest quality instruction, equipment  
and supplies*

**FOR OFFICE USE ONLY** ... Please Do NOT Write In The Space Below

Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check No. \_\_\_\_\_

Verified by \_\_\_\_\_