

CROSS CREEK FFA
3855 OLD WAYNESBORO ROAD
AUGUSTA, GA 30906

Class Period <small>(Please circle)</small> 1(BA) 2(H) 3(N) 4(N) 5(BA) 7(F) Ex

PHONE (706) 772-8140

Advisor: Stacey Henderson

FAX (706) 772-8153

Cross Creek FFA Membership Application

-Please make checks payable to: Cross Creek FFA-
 -Return application to Mrs. Henderson with form of payment.-

_____ \$22.00 Premium Package: *Membership Dues*Includes **FFA Chapter Shirt***

~~~~~OR~~~~~

\_\_\_\_\_ \$12.00 Membership Package: \*Membership Only\*

**LAST Name:** \_\_\_\_\_ **FIRST Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: GA Zip: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell-phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ethnicity: *(circle one)* Hispanic/Non-Hispanic Race: \_\_\_\_\_

Current FFA Degree: *(circle one)* **Greenhand** (1<sup>st</sup> year) **Chapter** (2<sup>nd</sup> year) **State**(3<sup>rd</sup> year)

How did you hear about FFA? *(Please circle one of the following.)*

**In class**    **A Friend** (if friend, list name \_\_\_\_\_)    **Other** \_\_\_\_\_

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gender:</b><br>Male or Female<br><b>Current Grade:</b><br>9 10 11 12<br><b>T-Shirt size:</b><br>S M L XL XXL<br><b>Graduation Year</b><br>_____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------|

| Class Schedule | Teacher | Room # |
|----------------|---------|--------|
| 1.             |         |        |
| 2.             |         |        |
| 3.             |         |        |
| 4.             |         |        |
| 5.             |         |        |
| 6.             |         |        |
| 7.             |         |        |

|                                                                               |                                 |                                    |
|-------------------------------------------------------------------------------|---------------------------------|------------------------------------|
| <b>DO NOT WRITE IN THIS BOX&gt;&gt;&gt;TO BE FILLED OUT BY MRS. HENDERSON</b> |                                 |                                    |
| Date: ____/____/____                                                          | Payment: _____ cash _____ check | Date Received Shirt ____/____/____ |

**Notice of Non-Discrimination:** The RCSS does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in its program and activities and provides equal access to the Boy Scouts and other designated youth groups.