



Westview Interact Member Application

2009 - 2010 School Year

Please Print Legibly:

Name: _____ Grade: _____

Address:

City, State, Zip: _____

Telephone: _____

Cell Phone (optional):

Email Address:

DOB: _____

I give the Westview Interact Club permission to use pictures taken of me during community service projects on the Westview Interact Club Website. My pictures will be in no other way distributed online. Yes No

Please remember that for all events you attend, you are representing Westview. Please be on your best behavior.

-Westview Interact Executive
Council

I understand and accept the principles of Interact as expressed in its purpose and objectives, and agree to comply with and be bound by the standard Interact club constitution, Statement of Policy Relating to Interact, and bylaws of the club.

Member Signature: _____ Date: _____

Parent Signature: _____ Date: _____