

(Please print clearly)

Date \_\_\_\_\_

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male or Female: (circle one) County/Parish \_\_\_\_\_

Previous Member:  Yes  No Phone: (\_\_\_\_\_) \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church \_\_\_\_\_ Studio Affiliate \_\_\_\_\_  
(Performer's Email-Include only if is a reliable way to contact you.)

Primary Gardian (main contact)		Secondary Gardian (or spouse)	
Relationship		Relationship	
Name		Name	
Home Phone	( )	Home Phone	( )
Cell Phone	( )	Cell Phone	( )
Email		Email	

Membership Options (in addition to Performing Membership) Check all that apply			
\$15.00	Sibling Non Performer	Name: _____	
\$45.00	Contributing Adult Member	Name: _____	
\$75.00	Contributing Married Couple	Name: _____	
\$20.00	Alumni	Name: _____	
Total for Non Performing Memberships			
\$40.00	Performing Member applying above		
Total Amount Enclosed			

By becoming a member of Louisiana Kids/American Kids, Inc., the member gives permission to use any photo, video, or other physical likeness obtained with the organization for purposes of publicity, promotion, etc. with no other compensation to said member.

Credit Card # \_\_\_\_\_ 3 digit security code on back \_\_\_\_\_ Exp. Date \_\_\_\_\_

Exact name as it appears credit card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

Membership fee of \$40.00 must be included in order to complete the membership process.

Parent or Legal Guardian must sign below to complete the membership process.

I, \_\_\_\_\_ (print name) give my permission for my child (listed above) to participate in Louisiana Kids/American Kids activities and understand that Louisiana Kids/American Kids is not responsible for any personal property damage or personal injury to my child during the course of their involvement in any Louisiana Kids/American Kids function.

Parent or Guardian Signature \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

There will be a \$25.00 charge on all returned checks. There will be a 4% processing fee for Credit Cards and \$15.00 reprocessing fee for declined Credit Cards.

Office Use Only: Recvd: \_\_\_\_\_ Check Amt. \_\_\_\_\_ Check #/or CC Auth# \_\_\_\_\_ Deposited \_\_\_\_\_