

Circle K International
 University of South Florida - Tampa
 Membership Form

Name: _____ Graduation Date: _____

Class: Freshman Sophomore Junior Senior Senior+ Grad Student Other: _____

School Address

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Permanent Address

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____

Email: _____

What times are you **available** for club events?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How did you hear about CKI? _____

Are you interested in being on a committee? _____ If so, which committee? _____

What kind of projects are you interested in (children, homeless, elderly, etc)? _____

Emergency Contact & Number: _____

Any medical conditions we should know about (allergies, etc)? _____

For official use only:

Meetings	Board Mtgs.	Service	Social	Admin.	Interclub	Fundraisers