



# Membership form

## THE BASICS

\$20 certified staff     \$10 non-certified staff

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

DOB: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

## TELL ME MORE

I really need: \_\_\_\_\_

\_\_\_\_\_

I feel appreciated when: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MY FAVORITES

School Appropriate Drink: \_\_\_\_\_

Sweet Snack: \_\_\_\_\_

Salty Snack: \_\_\_\_\_

Things I collect: \_\_\_\_\_

Candy of Choice:  Snickers  Twix  plain M&Ms  peanut M&Ms  other: \_\_\_\_\_

Gift Cards you would most prefer to receive:  Starbucks  Amazon  Wal-Mart  Fast Food: \_\_\_\_\_

I am interested in chairing/helping with the following:  Membership  Treasury  Birthday  Fundraising

Ideas or suggestions for Sunshine Committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By joining the Sunshine Committee, I allow the administration to share information for celebrations or bereavement with the Sunshine Committee Chair.

For Office Use Only

Date Joined: \_\_\_\_\_

Paid: \_\_\_\_\_

certified staff

non-certified staff