

Use this form only for Returning members of Post 0169

Member,

Use this version to complete the form with a pen by hand

1. Download the form from www.jsmedexplorers.com
2. Print the form
3. Print clearly and legibly with a black pen completing all the spaces..
4. Submit the completed form with your payment and the other required forms.

Student Information			
First Name	Middle	Sur (Family) Name	
Birthdate (mm/dd/yyyy)	Grade	School you attend	Gender: M/F
Number and Street Address		Town	State
			Zio Code
Home Phone	Student primary email	Student alternate email	

Parent / Guardian Information			
First Name	Middle	Sur (Family) Name	
Number and Street Address		Town	State
			Zio Code
Home Phone	Parent's Cell Phone	Parent's email	

(Do not write below this line)

Check #: _____ Amount: \$ _____ Photo release: _____ By-laws: _____ Confidential: _____