



# MEMBER APPLICATION

P. O. Box 532307 San Diego, CA 92153 (619) 651-7111

**2009 - 2010**

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

**ANNUAL FEE: \$35.00 per family**

## **PARENT INFORMATION** *(List both parents if both will be involved with Pathways)*

Mother's Last Name: \_\_\_\_\_ First Name, Middle Initial: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name, Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email address: *Note: Almost all of member information is sent out by email.*

\_\_\_\_\_

## **STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name, Middle Initial: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Male Female

\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name, Middle Initial: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Male Female

\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name, Middle Initial: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Male Female

Referred by: \_\_\_\_\_ Career Interest: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## **FOR PATHWAYS 2 COLLEGE USE ONLY**

Confirmation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Cash or Check \_\_\_\_\_

Entered in: Roster

Email List:

Receipt #