



MEMBERSHIP INFORMATION FORM

Please print legibly.

Name: _____ **Date:** _____

Address: _____
City State Zip

Phone: (h) _____ (cell) _____

Email: _____

Alternate Email: _____

Gender: (male or female) _____

Major: _____

Number of credit hours completed: _____ **G.P.A.** _____

Expected graduation/certification completion date: _____

1. **Educational/Leadership Experience** (Please describe any volunteer or paid experience you have had – i.e. tutoring, teaching, coaching, aide, in church or youth groups, etc.)

2. **Have you ever been a member of another Educators Club?** (circle one) **YES NO**

If so, where and when? _____

3. **Would you be interested in becoming an officer in the future?** (circle one) **YES NO**

4. **Are you interested in community service opportunities such as tutoring, mentoring, and teaching?** (circle one) **YES NO**

5. **What time of day is best for you to meet?** (circle all that apply) **DAY EVENING WEEKEND**

PLEASE RETURN THIS FORM TO:

Wanda Wyont
Box 81
Gaston College
201 Highway 321 South
Dallas, NC 28034