## West Salem FFA Membership Form

## 2019-20







Please return this form, with dues, to Mr. Rueckheim.

**Membership Dues: \$15.00** (Make check payable to West Salem High School)

Last Name:			
First Name:		MI:	
Address:			
City:	ZIP:	Phone:	
Date of Birth:			
Gender:	Grad Year:		
Grade:	Years	as FFA member:	
Email Address:			
Shirt Size:			
Parent/Guardian Nat	mes:		
Other School Activi	ties/Clubs that	you are involved in:	

**New Horizon Magazine** This is a free benefit for being part of FFA Subscription Address:

\_\_\_\_ Check if same as above

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