



# MEMBERSHIP APPLICATION

Application Date \_\_\_\_\_

Member Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### ***School Information***

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

### ***Parent/Guardian Information***

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address: \_\_\_\_\_

Guardian's Work Phone: \_\_\_\_\_

### ***Student Interests***

Special skills and hobbies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clubs and organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Academic Interest: [Ex. school subjects, colleges choices, college majors, or career interests, etc.]

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In a few sentences describe yourself. You may include a fun fact or your favorite food or color; whatever you would like us to know about you.

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What topics are important to you that you would like to us cover: [Ex. health, beauty, prevention, financial literacy, college prep, etc.]

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What problems do girls and young women in our community most often face in today's world?

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Would you like to be partnered with a mentor?

- Yes       No

How did you hear about us? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Return completed application to [contact@untamedtalentz.com](mailto:contact@untamedtalentz.com)**