



**HANOVER CENTRAL KEY CLUB MEMBERSHIP APPLICATION 2018-19**

- 1) PLEASE COMPLETE BY PRINTING (CLEARLY)
- 2) Place your application and money in an envelope
- 3) Label the envelope KEY CLUB and turn into the Office or at a meeting.

Name \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Class of 20 \_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-shirt size (ADULT SIZES) \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

**DUES must be paid by OCTOBER 4th!** I understand that I am joining a Community Service Club and I am required to participate in a minimum of 2 hours of service per month. My service hours will be reviewed and if I do not complete my hours my membership will be reviewed by the Board.

Member's Signature \_\_\_\_\_

Waiver of Release \_\_\_\_\_

As guardian of said child, I hereby agree to release the Hanover Community School Corp., Board of Trustees, or Volunteers from any injuries and/or damages sustained by the participant in connection with activities sponsored by the Hanover Central Key Club/Cedar Lake Kiwanis or any transportation to and from resulting from the negligence whole or in the part of the parties hereby released.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\$20.00 Dues \_\_\_\_\_ \$25.00 Dues and T-Shirt \_\_\_\_\_

Receipt No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check No: \_\_\_\_\_ Cash \_\_\_\_\_ Schol. \_\_\_\_\_

Questions/Contact: Mrs. Dickson Advisor (219)306-2919

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