

MEMBER

APPLICATION

Name (First) (Middle Initial) (Last)

Address

City State Zip

Telephone (Area Code) (Phone Number)

Age Grade

School Name

City State

Parent's/Guardian's Name Parent's/Guardian's Signature

I agree to participate in the King Team program.

Student's Signature

Thank you for joining the King Team. We believe that through service-learning opportunities, King Team members will grow as individuals and provide meaningful assistance to South Dallas.