



# MEMBERSHIP FORM

## NAME

First Name

Last Name

## ADDRESS

Street Address

Postal / Zip Code

City

State / Province

## EMAIL

## HOW ARE YOU AFFILIATED WITH BRAZOS CHRISTIAN SCHOOL?

Parent  Grandparent  Alumni  Other

## WHAT GRADE ARE YOUR CHILDREN? (SELECT ALL THAT APPLY)

Pre-K  Kinder  1st  2nd  3rd  4th  5th  6th  
 7th  8th  9th  10th  11th  12th  N/A

## HOW WOULD YOU LIKE TO BE RECOGNIZED IN THE PROGRAM? (EX. JOHN & JANE DOE, MR. & MRS. DOE, THE DOE FAMILY, ETC.)

Signature

Date

# THANK YOU FOR YOUR INFORMATION

PLEASE TURN IN COMPLETED FORM WITH YOUR CHECK TO THE BCS ADMIN OFFICE