



STUDENT MEMBERSHIP FORM BEACHSORT TECHNOLOGIES



PLEASE PRINT CLEARLY

*INDICATES REQUIRED FIELD

Membership Fee \$10 (check one):* <input type="checkbox"/> Cash <input type="checkbox"/> Check		Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____	
Last Name*		First*	
		Middle Initial	
Street Address		City	
		State	
		Zip Code	
Telephone Number*		E-Mail Address*	
		Student ID Number *	
Are you available to work (check all that apply):* <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Shift Work? <input type="checkbox"/> Temporary?			

EDUCATION	High School	College or University	Graduate or Professional
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4 More	1 2 3 4 More
Diploma or Degree Received			
Describe Course of Study or Indicate Major			
Describe any specialized Training, Skills, and Extra-Curricular Activities			

Beachsort Technologies Agreement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. In the event of a granted membership, I understand that false or misleading information given in my application or project interview(s) may result in discharge without refund of membership fees. I understand also that I am required to abide by all rules and regulations of Beachsort Technologies.

Signature of Applicant	Date
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