



MEMBERSHIP FORM

Date _____ School _____

Name of child _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Child's cell _____ Child's email _____

Parents' names _____

Dad's cell _____ email _____

Mom's cell _____ email _____

Names & birthdates of siblings living in the household _____

Do you know someone in ORBS? _____

Do you have a team/coach preference? _____

How did you hear about ORBS? _____

By joining the ORBS I understand the following:

- that the **one time** membership fee of \$40 is a family membership that includes all siblings within one family.
- that in order for my child to receive the benefits of the organizations fundraising efforts, I must participate in various fundraising efforts.
- that **as funds become available** to the ORBS, as a member, my child/children and or team may have access to: funding that is made available to the ORBS for the payment of competition fees and expenses, ORB purchased Lego Mindstorm Educational Kits.
- that as a member of ORBS my child/children will be eligible for discounts to ORB sponsored functions
- that if funding is NOT available from ORBS there will be other applicable team fees and expenses such as registration fees, kits fees, tournament fees, travel expenses, t-shirts etc. that will be the responsibility of the member family

Signature of parent _____ date _____

===== **FOR OFFICE USE ONLY** =====

Date fee paid _____ Cash _____ Check # _____

School: _____

Team affiliation: _____

Coach: _____

Teacher sponsor: _____