

**Greek Orthodox Youth of America (G.O.Y.A.)**

**St. George Greek Orthodox Church**

**Bloomfield Hills, MI**

**MEMBERSHIP FORM**

**2009/10**

**CHILD'S LAST NAME:** \_\_\_\_\_  
(Please print)

**FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

***NOTE: Please provide information below for one parent / legal guardian who is the primary contact for G.O.Y.A. activities.***

**NAME:** \_\_\_\_\_  
(Please print)

**ADDRESS:** \_\_\_\_\_  
(If different than above)

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ARE YOU WILLING TO DRIVE TO SOME EVENTS?    Yes / No**  
(Circle One)