

Arkansas Kids

a division of **American Kids, Inc.**
America's only little league of entertainers

Performing Membership Application

(Please print clearly)

Date: _____

Name: _____
Last Name First Name Middle Initial

Mailing Address: _____
Street/PO Box City State Zip

Date of Birth: ____/____/____ Male or Female: _____ County: _____
MM / DD / YY

Previous Member: _____ Phone: (____) _____ School: _____
Y or N (Performer's phone)

Email address: _____ Grade: _____
(Performer's Email - Include only if this is a reliable way to contact you.)

Primary Guardian (main contact)	
Relationship	
Name	
Home Phone	()
Cell Phone	()
Email	

Secondary Guardian (or spouse)	
Relationship	
Name	
Home Phone	()
Cell Phone	()
Email	

Membership Options (in addition to Performing Membership) Check all that apply			
<input type="checkbox"/>	\$10.00	Sibling Non Performer	Name: _____
<input type="checkbox"/>	\$40.00	Contributing Adult Member	Name: _____
<input type="checkbox"/>	\$60.00	Contributing Married Couple	Names: _____
<input type="checkbox"/>	\$15.00	Alumni	Name: _____
Total for Non Performing Memberships			
<input type="checkbox"/>	\$40.00	Performing Member applying above.	
<input type="checkbox"/>	-\$3.00	If performing member is paid before December 20th	
<input type="checkbox"/>	Free	Performing member with 2 new paid performing memberships. List 2 new members in box below.	
Total Amount Enclosed		Name 1: _____	Name 2: _____

Credit Card #: _____ 3 Digit Sec Code: _____ Exp Date: _____
Exact Name on Card: _____ Credit Card Billing Zip: _____
Mailing Address: (only if different from above) _____
Street/PO Box City State

By becoming a member of American Kids, Inc., the member gives permission to use any photo, video, or other physical likeness obtained with the organization for purposes of publicity, promotion, etc. with no other compensation to said member.

Membership fee of \$40.00 must be included in order to complete the membership process.

Parent or Legal Guardian must sign below to complete the membership process.

I, _____ (print name) give my permission for my child (listed above) to participate in American Kids activities and understand that American Kids is not responsible for any personal property damage or personal injury to my child during the course of their involvement in any American Kids function.

Parent or Guardian Signature: _____

There will be a \$25.00 charge on all returned checks. There will be a \$15.00 reprocessing fee for declined Credit Cards.

Office Use Only: Rcvd _____ Chk Amt _____ Check # or CC Auth # _____ Deposited _____

PLEASE RETURN TO: Arkansas Kids Attn: Alisa Andrews 1108 N Mallard Lane Rogers, AR 72756
phone: 479-936-7653 fax: 479-633-9757