Membership Form

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| Name: |  | | | | | Birthdate: |  | | Gender: |  |
| Mailing Address: | | | | | | | | | | |
| Email: | | | | | | Phone Number: ( ) - | | | | |
| Grade: | | School: | | | | | | | | |
| Emergency Contact Person | | | | |  | | | | | |
| Name: | | | | | Relationship: | | | | | |
| Cell Phone: ( ) - | | | | | Home Phone: ( ) - | | | | | |
| Work Phone: ( ) - | | | | |  | | | | | |
| Interests  *Check all that apply:*  🞎 Technology 🞎 Social Media  🞎 Design 🞎 Nature & Outdoors  🞎 Sports 🞎 Science 🞎 Art 🞎 Mathematics 🞎 Reading 🞎 Music 🞎 Politics 🞎 Fashion 🞎 Social Justice 🞎 Leadership 🞎 Health & Wellness 🞎 Debates 🞎 Entrepreneurship 🞎 History  🞎 Photography | | | Membership Benefits  ✓ Access to the Small Seeds computer  lab  ✓  ✓  ✓  ✓ | | Membership Requirements  ✓ Must be 8-18 years old  ✓ Completion of a Youth Responsibility Act  ✓  ✓A Gmail account**\*** (must be appropriate or with your assisted one with be created for you)  **\**disclaimer for youths 8-12 years old***: you must provide an email of a parent or adult (parent must approve any other adult) in order to get notifications and program updates | | | | | |
| I have completed this membership application and emergency contact information on this form. In consideration of my participation in activities, programs, and events that involved Small Seeds Development, Inc. (“Small Seeds”) at various times and places, I give permission for photos and videos to be taken of me. I grant Small Seeds permission to copy, edit, publish, and otherwise use my name, image and likeness, with or without my name, including for marketing purposes or for any other lawful purpose, in any publication and in any medium, including, by way of example and not limitation, posting a photo/video of me from an event or function on the Agency’s website or on the its social media websites. I understand that there will be no compensation to me or my family in regards to taking and/or publishing the photo/video. | | | | | | | | | | |
| Youth Signature: | | | | | | | | Date: | | |
| Parent Signature: | | | | | | | | Date: | | |
| **Please mail all completed forms to**  **Small Seeds Development, Inc.**  **Dept. of DIREC – Youth All Access**  **6033 Broad Street**  **Pittsburgh, PA 15206** | | | | **For questions or concerns please contact:**  **Niasia Moses, Community Organizer**  **412.665.2810 ext. 219**  [**nmoses@ssdipgh.org**](mailto:nmoses@ssdipgh.org) | | | | | | |