



APPLICATION & CONSENT

Have you ever been a member before? Y / N

Student's Name _____

Birth Date _____

Student E-mail _____

Grade _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Parent Name _____ Parent Phone # _____

Parent E-mail _____

Parent Name _____ Parent Phone # _____

Parent E-mail _____

WE RELY ON EMAIL TO CREATE YOUR ACCOUNTS.
IT IS FOR DFCA ONLY AND WILL NOT BE SHARED.
NEED ONE? JUST ASK!

I consent to the taking of specimens for drug screening as part of an examination in connection with enrollment into Drug Free Clubs of America (DFCA), and authorize the release of those results to only DFCA and my parent or guardian. I also consent to the taking of my (or my child's) photograph to be used by and for DFCA's purposes only.

Student Signature Date

Parent Signature Date

Please return to High School Principal's Office

Membership in the Drug Free Clubs of America is \$20.00. Checks can be made payable to A-Tech. Cash or checks should be turned in with this application.

For Office Use

Date Received _____

Dues Paid Y / N

