



Membership Application

Middle School Programs 2019-2020

Member Profile

Full Name:	Chapter/School Name:	
Date of Birth:	Gender:	Graduation Year:

Member Contact Information

E-mail Address:	Alternative E-mail:		
Phone:	Cell Phone:		
Current Address:			
Street	City	State	Zip

Chapter Involvement & Role

Are you a person with intellectual or developmental disabilities?	Yes	No	
Are you currently a student?	Yes	No	Before this year, how many years have you been involved with Best Buddies?
Do you want to be matched in a one-to-one friendship this year? <small>(Indicate YES for Peer Buddy/Buddy; NO for Associate Member; N/A for Promoters chapters)</small>	Yes	No	
	N/A		

Emergency Contact & Parent Information

<i>Emergency Contact Information</i>		<i>Guardian Contact Information (if applicable)</i>	
Name:	Phone:	Name:	Phone:
Relationship to student:		Email:	

Member Code of Conduct

<p>Members must agree to the Best Buddies Code of Conduct:</p> <ul style="list-style-type: none"> I will be respectful, truthful, and inclusive in my interactions with others. I will recognize and celebrate the diversity of character and abilities of all people. I will conduct myself ethically, obey all laws, and act in good faith at all times. I will abide by the rules, directives, and guidelines set forth by Best Buddies International. I will respect the decisions and requests made by Best Buddies staff members and chapter leadership. I will NOT harass, threaten, embarrass or insult others. I will NOT say or do anything that is harmful, abusive, offensive, vulgar, explicit, or objectionable I will NOT make inappropriate or unwanted physical or verbal advances. 	<p>As a Best Buddies member, I agree to abide by the Member Code of Conduct, Acknowledgement, and General Release of participation as outlined on the Best Buddies Library. Please review this information by visiting www.bestbuddies.org/member-agreement.</p> <p>Photo/Video Release: As a member of Best Buddies, I give permission to be photographed and/or filmed at any Best Buddies activity, and I understand that any photograph or videotape may be used at the discretion of Best Buddies for publicity purposes. <input type="checkbox"/> DECLINE/OPT OUT</p>
--	---

Initial below to indicate that you have read and agree to the terms above.

Member initials (required):	Parent/guardian initials (if applicable):
------------------------------------	--

Member Consent

I, _____, hereby apply for membership with Best International for the 2019-2020 program year, commencing July 1, 2019 and ending June 30, 2020, at _____.

(Print Member Name) (Print School/Chapter Name)

Member signature Date

Consent from parent/guardian is required if the participant is under the age of 18 or has a court-appointed guardian.

Parent/guardian name (if necessary) Parent/guardian signature Date

