



# Membership Application

## Middle School Programs 2020-2021

### Member Profile

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

### Member Contact Information

<b>E-mail Address:</b>	<b>Alternative E-mail:</b>		
<b>Phone:</b>	<b>Cell Phone:</b>		
<b>Current Address:</b>			
Street	City	State	Zip

### Chapter Involvement & Role

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

### Emergency Contact & Parent Information

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

### Member Code of Conduct

<p>Members must agree to the Best Buddies Code of Conduct:</p> <ul style="list-style-type: none"> <li>I will be respectful, truthful, and inclusive in my interactions with others.</li> <li>I will recognize and celebrate the diversity of character and abilities of all people.</li> <li>I will conduct myself ethically, obey all laws, and act in good faith at all times.</li> <li>I will abide by the rules, directives, and guidelines set forth by Best Buddies International.</li> <li>I will respect the decisions and requests made by Best Buddies staff members and chapter leadership.</li> <li>I will NOT harass, threaten, embarrass or insult others.</li> <li>I will NOT say or do anything that is harmful, abusive, offensive, vulgar, explicit, or objectionable</li> <li>I will NOT make inappropriate or unwanted physical or verbal advances.</li> </ul>	<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 <a href="http://www.bestbuddies.org/member-agreement">www.bestbuddies.org/member-agreement</a>.</p> <p><b>Photo/Video Release:</b> 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"/> <b>DECLINE/OPT OUT</b></p>
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Initial below to indicate that you have read and agree to the terms above.

<b>Member initials (required):</b>	<b>Parent/guardian initials (if applicable):</b>
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### Member Consent

I, \_\_\_\_\_, hereby apply for membership with Best International for the 2020-2021 program year, commencing July 1, 2020 and ending June 30, 2021, at \_\_\_\_\_.

(Print Member Name)

_____	_____
<b>Member signature</b>	<b>Date</b>

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

_____	_____	_____
<b>Parent/guardian name (if necessary)</b>	<b>Parent/guardian signature</b>	<b>Date</b>