



INDEPENDENT MEMBER PROJECT REGISTRATION FORM

Last Name: _____ First Name: _____ M.I.: _____

My supervisor for this project is: _____

I have participated in this project _____ times.

The skills I want to learn are:

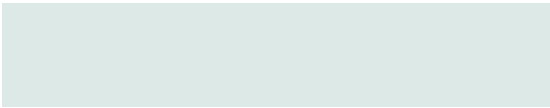
The topics I would like to cover are:

Project items I want to work on are:

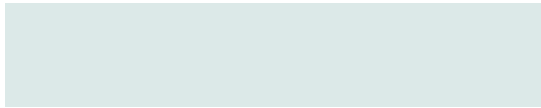
The county activities I will participate in are:

My citizenship activity(s) will be:

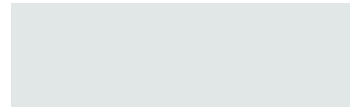
Other project activities I would like to do are:



Parent/Guardian Signature



Member Signature



Date

Supervisor Comments:

Supervisor Signature:

Leader Comments:

Leader Signature:

Educator Comments:

Educator Signature:

C:Independent/reenroll independent

<i>For Office Use Only:</i>			
County Code: 006	Club Code:	Member Code:	Date: