

**No refund of dues will be given.

LOGANVILLE MIDDLE FFA Membership Application



FFA Advisor - Mr. Justin Youngblood, Room 403 4869 Bay Creek Church Road Loganville, GA 30052 Justin.youngblood@walton.k12.ga.us

Last Name:		First Name:	First Name:		Birth Date:			
Mail	ing Ado	dress:	City:	City:		Zi	p:	
Parei	nt Phon	e Number:	_ Gender: _		_ Grade:	6	7	8
Parent Email:			Student Email:					
Pleas	se sign ı	up for Remind101 for reminders and up Follow us on Instagram! @log	•	_	•	_		
√ ✓ FFA	Mem FFA Parti	ership Dues: \$10 OR nbership Dues New Horizons Magazine Subscription cipation in all Meetings, Recreational A et Order: Size (Circle One): Y-M ets for family members are \$11)	(Delivered Activities, a	4 times and Care	s annually) eer Develo	pment l	Events	
		We also encourage you to check https://sites.google.com/walto	out our we	bsite and s/loganvi	l FFA Cale ille-middle-	ndar of school-f	events a fa/home	t:
Yes Yes	No No	My child has permission to participate in the I understand that FFA events will be held s school, but mostly after school at LMS from	he LMS FFA. ometimes dui	ing the so				lay away from
Yes	No	I recognize and give permission that as an submitted to the local newspaper and/or pu	FFA member	my child		<u>oh</u> may be	e taken ar	ıd
Yes	No	I give permission for my child to converse v ONLY. If your child receives an email from	with the FFA	Advisor,	Mr. Youngbl			
Yes	No	I agree that I will pick my child up ON TIM of LMS. Students not picked up on time on r	IE from any	and every	afterschool	FFA eve	nt in the J	front parking lot
Parent/Guardian Signature:								
Note:	Payment	ts may be made by CASH, CHECK, or VENM IS FFA ALUMNI ASSOCIATION.						
Total	Payment	: \$ Payment Method: CASH		/ CHE	CK #	/`	VENMO_	