

Friends of the Foundation Member Application

Name:	
Daytime Phone:	Cell Phone:
Mailing Address:	
City, State, Zip:	
Email:	Adult T-Shirt Size:
Please tell us about your career background and any	y hobbies:
List other organizations currently involved in:	
Do you have children or grandchildren in TCISD? If s	so, which schools do they attend?
These are the areas that I would like to help with: (pl	ease check all that apply)
☐ Administrative/Office ☐ Fundraising Events	☐ Student Leader/Mentor
☐ Other:	
TCISI	D Foundation for the Future
	dation for the Future to work collaboratively in volunteer efforts to help improve ve participation as a "Friend of the Foundation." Accordingly, I will dedicate my lation.
Signature:	Print Name:
Date	