



TYBEE ISLAND MARITIME ACADEMY

TIMA Crew Membership Application 2016-2017

Name #1 (Please Print):			
Address:			
City/State/Zip:			
Please select your preferred method of contact:			
Email:			
Cell:	Home:	Work:	
Name #2 (Please Print):			
Address:			
City/State/Zip:			
Please select your preferred method of contact:			
Email:			
Cell:	Home:	Work:	
Child's Name:	Teacher's Name:	Grade:	
1.			
2.			
3.			
Please select one of the following designations:			
<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Teacher <input type="checkbox"/> Community Volunteer*
* Community Volunteers who are not legally responsible for a TIMA student require a parent/teacher/faculty sponsor. Please list your sponsor information:			
Name:	Email:	Phone:	
Please select any and all options that apply to your volunteer availability:			
<input type="checkbox"/> Anytime	<input type="checkbox"/> School Hours	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends <input type="checkbox"/> Other
Please tell us about any special skills or hobbies that you feel would benefit TIMA (photography, technical/computer skills, goods/services donations, art, music, etc.):			
Please select any and all committees on which you would be interested in serving:			
<input type="checkbox"/> Information Technology/Communication	<input type="checkbox"/> Rewards Programs (e.g., Box Tops, Publix Partners, etc.)	<input type="checkbox"/> Events (e.g., Spelling Bee, Book Fair, etc.)	<input type="checkbox"/> Spirit Wear <input type="checkbox"/> Fundraising <input type="checkbox"/> Membership/Hospitality
Annual TIMA Dues Paid:		<input type="checkbox"/> Cash	<input type="checkbox"/> Check
A contribution of \$10 per family is recommended.			
Received By:		Date Received:	



TIMA CREW Dues Receipt	
Amount Paid:	Date Paid:
Received From:	Received By: