

# **DOUBLE T HEALTH SERVICE CORPS**

## **MEMBERSHIP FORM**

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Year: \_\_\_\_\_

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Text

Campus: \_\_\_\_\_ Major/Program: \_\_\_\_\_

Classification:  Freshman  Sophomore  Junior  Senior  HSC Student

Shirt Size:  Small  Medium  Large  X-Large  Other

**Please return this form along with \$25.00 (yearly dues) to:**

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