2024-2025

CROSS CREEK FFA
3855 OLD WAYNESBORO ROAD
AUGUSTA, GA 30906

PHONE (706) 772-8140 Advisor: Stacey Henderson **FAX (706) 772-8153**

Class Period
(Please circle)
2(BA) **3**(BA) **4**(GH) **5**(NL) **6**(GH) **7**(F) **Extra**

Cross Creek FFA Membership Application

-Please make checks payable to: Cross Creek FFA-

-Return application to Mrs. Henderson with form of payment.-

_______$30.00 Premium Package: *Membership Dues*Includes **FFA Chapter Shirt***

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_______$20.00 Membership Package: *Membership Only*

LAST Name: ______________________________ **FIRST Name**: ______________________________

Address: ____

City: ____________________________ State: GA Zip: _______________

Cell Phone: (______________) ______________-_____________________

Carrier: *(circle one)* AT&T, Boost Mobile, Cricket, Go Phone, Metro PCS, Nextel, Plateau Cellular, Sprint, T-Mobile, US Cellular, Verizon, Virgin Mobile USA

E-mail: ____

Birthday: __________________/________________/______________________
Month Day Year

Gender:
Male Female

Current Grade:
9 10 11 12

T-Shirt size:
S M L XL XXL

Graduation Year
____

Ethnicity: *(circle one)* Non-Hispanic Hispanic

Race: *(circle one)* American Indian, Asian, Black, Filipino, Hispanic/Latino, Native Alaskan, Native Hawaiian, Two or More, White, Pacific Islander

Current FFA Degree: *(circle one)* **Greenhand** (1st year) **Chapter** (2nd year) **State** (3rd year)

How did you hear about FFA? *(Please circle one of the following.)*
In class **A Friend** (if friend, list name ____) **Other** ____________________

Course Name	Teacher Last Name	Room #
1.		
2.		
3.		
4.		
5.		
6.		
7.		

DO NOT WRITE IN THIS BOX>>>TO BE FILLED OUT BY MRS. HENDERSON RCSS receipt book# ______________________________

Date: _____/______/______ Payment: _______________ cash _________________ check#________________ Date Received Shirt _____/_____/_____

___________________________myschoolbucks
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