



New and Renewal Membership Application

Retired Educators for Youth Agricultural Programs (REYAP) is a organization designed to expose youth to the many and varied career opportunities available in the field of Agriculture and to enhance the development of leadership skills and networking to enhance their marketability in the workplace. REYAP challenges youth to broaden their horizons. If you would like to become a member of REYAP or if you are **renewing** your membership, please submit your completed application by mail or give to a REYAP representative. Those renewing their membership should check the appropriate box below and note the year you became a member and update any information that has changed since your previous application.

Today's Date ____/____/____ Last Name _____ First Name _____

Address _____ City _____

County _____ State _____ Zip _____

E-mail Address _____ Age _____ Birthdate ____/____/____

Home Phone No. (____) _____ Cell No. (____) _____

Sex (Optional): Male Female

Race (Optional) : African-American American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander White
 Other _____

Membership: New Renewal If renewal, list first year in REYAP? _____

Name of Parent(s)/Guardian(s) _____

Home Phone No. (____) _____ Work No. (____) _____

Address _____ City _____ State _____ Zip _____

Name of School _____ City _____ Grade _____

Principal _____ School Phone _____

Why are you interested in REYAP? _____

Program

Agriculture Science and Technology Institute
Leadership Seminar/Career and Workforce Development
Science Research Competitions
Essay and Public Speaking Competitions
Summer Intern Program

Dates

June 21 - 24
July 13-15
September
September
June 13 – July 22



New and Renewal REYAP Student/Parent Contract

I, _____, would like to renew enroll in the REYAP program because it offers me opportunities in the field of agriculture and related fields I would like to know more about. I realize that in order for me to gain any benefit from the program, I must attend meetings and participate in the activities on a regular basis. I will complete follow-up assignments and conduct myself, at all times, in a manner that is appropriate and acceptable. I understand that it will be my responsibility to contact a REYAP sponsor, prior to any planned event, if I am unable to be present. I further understand that absence or irregular attendance and disregard of the rules stated above could mean immediate termination of my membership in the REYAP program.

If you agree to and understand the above guidelines, please sign below. **Membership application along with your membership fee should be mailed to the address below.**

REYAP Annual Membership

Renewal Memberships:	\$50.00 by May 6, 2011	\$75.00 after May 6, 2011
New Members:	\$75.00 by May 6, 2011	\$100.00 after May 6, 2011

REYAP shirt required for new members \$30.00

Please select one (1) REYAP Polo Shirt – Size ___S ___M ___L ___XL ___2X ___3X ___4X

I hereby give and grant to the Retired Educators for Youth Agricultural Programs (REYAP), the absolute and unconditional right to use, publish, display, and/or reproduce in any manner, video/record voice/photograph(s), and which I appear, included the right to edit or use a portion of such video/record voice/photograph(s) that positively promotes the image and benefits of REYAP through educational, trade materials and/or the Retired Educators for Youth Agricultural Programs website.

I further understand that I am not to receive payment for said video/recorded voice/photograph(s) and that these video/record voice/photograph(s) will not discredit or distort my person in any way.

_____/_____/_____
Signature Student **Date**

I hereby authorize Retired Educators for Youth Agricultural Programs (REYAP) to obtain copies of my son's/daughters academic records as they relate to grades, grade point average, and/or ACT/SAT scores for the purpose of monitoring his/her academic development and/or applying for academic scholarships. I also authorize REYAP to inquire about my son's/daughter's standing with his/her school.

I have read my son/daughter's contract and I will assist him/her in keeping this commitment. Furthermore, I agree to attend or volunteer with a minimum of two (2) REYAP activities a year, which involve my son/daughter.

_____/_____/_____
Signature of Parent/Guardian **Date**

Official Use Only

Recruiter	GPA	Programs Approved	Date	E.D. Initials

Mail membership form along with check to: REYAP, 8252 S. Harvard Suite 150, Tulsa, OK 74137
Phone: (918) 933-5450 Fax: (918) 933-5454 E-mail: revapinfo@revap.org Website: www.reyap.org
Revised 4/6/2011