



LKNS MEMBERSHIP APPLICATION



ALL FIELDS ARE REQUIRED!

New memberships are limited to 3rd-6th grade students of Legacy Christian Academy (Xenia) and local homeschools.

FIRST-TIME MEMBER or RETURNING MEMBER for school year: 20____ - 20____

STUDENT NAME _____

GRADE _____ TEACHER/HOMESCHOOL _____
(If you are a homeschool student, for "grade" put how old you will be on October 1 of this school year.)

MAILING ADDRESS _____

CITY/STATE/ZIP _____

STUDENT EMAIL ADDRESS _____
(Required. Member will receive emails from both LKNS and the American Numismatic Association.)
(LCA Students, use your legacyknights.org email address.)

DATE YOU WERE BORN (MM/DD/YYYY) _____

T-SHIRT SIZE _____ Is this a YOUTH size or an ADULT size? (circle) YOUTH ADULT

ARE YOU A CURRENT A.N.A. MEMBER? (YES / NO) IF YES, A.N.A. MEMBER # _____

"I agree to abide by all LKNS Rules and Code of Conduct. I will listen, participate, and be respectful of others. I will do my best to represent our Club well."

STUDENT SIGNATURE / DATE _____

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PARENT NAME _____

VOICE PHONE _____ TEXT PHONE _____

EMERGENCY ALTERNATE CONTACT NAME/PHONE(S) _____

PARENT/GUARDIAN EMAIL _____
(Please list an email address you actively check.)

"I give consent for my child to join and participate in the Legacy Knights Numismatic Society (LKNS), an extracurricular activity of Legacy Christian Academy. I have read, understand, agree with, and will review with my child a copy of the LKNS values, rules, expectations, and parent info. I understand that any dues or fees are non-refundable. I agree to pick up my child promptly by the end of each LKNS event. I will support my child's learning and personal development through numismatics by encouraging participation at home and at LKNS events."

PARENT SIGNATURE / DATE _____