

TEEN BHEF

Membership Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

School _____ Grade _____ E-Mail _____

Please provide some background (You might include other volunteer work, community service, sports, interests, etc.)

Why do you want to be a Teen BHEF Member? _____

A reminder: Teen BHEF members pay \$5.00 annual membership fee and work on BHEF events for community service hours.

Please return this form to the BHEF office at 255 S. Lasky Drive, Beverly Hills, California, 90212 or Fax to (310) 557-1769 by **September 15, 2006**.