



Compassionate Scholars, Inc

Membership Application

**Please print all information LEGIBLY in BLACK or BLUE ink.

** Photo must accompany application.

Classification: New <input type="checkbox"/> Renewal <input type="checkbox"/> Information Change <input type="checkbox"/>		
First Name: _____	Last Name: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth: ____/____/____ MM DD YYYY	Email Address: _____	
Home Address: _____ (Street) (City) (State) (Zip)		
School Name: _____		Grade/Major: _____
Student's Phone Number: _____	Parent's Phone Number: _____	Home Phone: _____

Payment Method:

☐ CASH ☐ CHECK (Bank: Check#)

I agree with the purpose of Compassionate Scholars.

Therefore, I apply for the membership of Compassionate Scholars.

Covenant not to compete or affiliate: I hereby further acknowledge and agree not to create a same or similar non-profit 501 (c)3 organization as Compassionate Scholars.

If the final judgment of a court of competent jurisdiction declares that the above Covenant Not To Compete or Affiliate is invalid or unenforceable, the parties agree that the court making the determination of invalidity or unenforceability shall have the power to reduce the scope, duration, or area of the term or provision, to delete specific words or phrases, or to replace any invalid or unenforceable term or provision with a term or provision that is invalid and enforceable and that comes closest to expressing the intention of the invalid or unenforceable term or provision, and this Agreement will be enforceable as so modified after the expiration of the time within which the judgment may be appealed.

Signature: _____

Date: _____

Print Name: _____

Please return this form via mail, e-mail, or in-person

Compassionate Scholars: 19811 Colima Rd., #130, Walnut, CA 91789

Email: info@compassionatescholars.org