

Prospective Member Information Form

Date:

____/____/____.



PERSONAL INFORMATION

FULL NAME _____

NICK NAME _____

DATE OF BIRTH _____ FAVORITE COLOR _____

HOBBIES _____ INTEREST _____

SCHOOL/GRADE _____

CONTACT INFORMATION

ADDRESS: _____

CITY _____ STATE _____

ZIP CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

QUESTIONNAIRE

WHY ARE YOU INTERESTED IN
JOINING GENUINE GEMS INC. ?

WHAT QUALITIES DO YOU FEEL
MAKE YOU A GOOD CANDIDATE? _____

HAVE YOU PARTICIPATED IN
COMMUNITY SERVICE? _____

HOW DID YOU HEAR
ABOUT US ? _____

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Signature