

## 2018 Millview Member Information Sheet:

Members Last Name:	AGE	Any known ALLERGIES
First names:		

Phone Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Info:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

\* If you are joining Millview from the referral of another member, please indicate their name: \_\_\_\_\_ (Welcome!)

\*\* Please fill in this form and email to [millview@millviewswimclub.com](mailto:millview@millviewswimclub.com). Take a picture, scan or mail it to the address on the website.

\*\*\* By submitting this Information Sheet, you agree to the Terms and Conditions posted on <https://millviewswimclub.com/>