



Membership Form

Membership Type

Individual: Fill out the Primary Member Spot Only

Duo: Fill out the Primary & Secondary Member Spots

Family: Fill out all spots on the form.

Grandparent: Fill out all spots on the form.

Primary Member

Full Name:

Phone Number:

Email:

Birthday (MM/DD):

Address (street address, city, state, ZIP or PO Box):

Secondary Member/Emergency Contact

Full Name:

Phone Number:

Email:

Birthday* (MM/DD):

*Only needed if they are included on the membership, not required for emergency contacts



Membership Form

Additional Members

Full Name:

Birthday (MM/DD):

Full Name:

Birthday (MM/DD):

Full Name:

Birthday (MM/DD):

Full Name:

Birthday (MM/DD):

Full Name:

Birthday (MM/DD):

Full Name:

Birthday (MM/DD):

Total # of Listed Members:	Membership Fee:
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