Welcome to the Wellness Club Family

**Volunteer Information** Date:

Name: DOB:

Address:

City / State: Zip Code:

Phone: Email:

How did you hear about the Wellness Club? 🗖Referral / 🗖Media / 🗖Website / 🗖Other

**Emergency Contact Information**

Name: Relationship:

Address:

City / State: Zip Code:

Phone: Email:

**Information/Media Release**

I (member name) give the Parkinson’s Wellness Club to use my image, video, or likeness for promotional purposes.

I also wish to be listed in the Parkinson’s Wellness Club member directory. 🗖YES / 🗖NO

**Signatures**

Print Name:

Signature: Date:

Parkinson’s Wellness Warrior’s Representative: