

# Membership Registration

☐ New ☐ Renewal



☐ \$50 One Time Payment ☐ \$5 per month

☐ Scholarship (approval required) ☐ Volunteer ☐ Staff

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

☐ Male ☐ Female ☐ Other/Prefer not to answer

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

## RELEASE:

I understand and agree that the information contained on this form may be released for statistical purposes and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless law has specifically restricted program participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Amount Paid \$\_\_\_\_\_ by: ☐ Cash ☐ Check #\_\_\_\_\_ ☐ Credit Card

FOB #: \_\_\_\_\_ Processed by: \_\_\_\_\_