

# Membership Registration

\$50 per year

New  Renewal



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: \_\_\_\_\_

Ethnic Status: \_\_\_\_\_ Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_ Language: \_\_\_\_\_

Head of Household  Mailing List  Live Alone  Live in Rural Area

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	Date: _____	FOB#: _____
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card		
Other: <input type="checkbox"/> Scholarship <input type="checkbox"/> Volunteer <input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Staff		