Activities Membership Form

Name: _____ , _____, _____
(Last Name) (First Name) (middle initial)

Spouse/Partner _____ , _____, _____
(Last Name) (First Name) (middle initial)

Date of Birth _____ Spouse/Partner Date of Birth _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ E-mail Address _____

Home Phone (_____) _____-_____ Cell Phone (_____) _____-_____

Emergency Contact _____ Relationship _____ Phone (_____) _____-_____

Office use only

This is a membership for:

☐ Single Person ($30)

☐ Couple ($55)

Membership type: New ☐ Renewal ☐

Membership Number: _____

Membership Renewal Date: _____

Amount Received: _____

Receipt#: _____

Date Received: _____

Donation: _____

Initials of Staff/Volunteer: _____

Database Info:

Rec'd ☐

Entered in DB ☐

Date Entered: ____ / ____ / _____

By: _____