



MEMBERSHIP APPLICATION

MEMBERSHIP NUMBER

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NAME				
TITLE (MR., MRS., MS., DR.)	FIRST NAME	M.I.	LAST NAME	BIRTHDATE
				GENDER

RESIDENCE			
STREET		CITY	STATE
			ZIP CODE

TELEPHONE NUMBERS / E-MAIL ADDRESS		
HOME PHONE () ()	CELL PHONE () ()	WORK OR OTHER () ()
E-MAIL ADDRESS		

EMERGENCY CONTACT NAME and PHONE NUMBER

EMPLOYER	
COMPANY NAME	
STREET	CITY, STATE, ZIP

PAYMENT INFORMATION	
\$ _____	Membership Prorate Amount
\$ _____	Membership Rate
\$ _____	Joining Fee
\$ _____	Locker
\$ _____	Partners In Youth Donation
\$ _____	Total Initial Payment

I prefer to be contacted via:

Phone Mail Email in the Day Time Evening

MEMBERSHIP TYPE AND PAYMENT	
Membership Type	Payment Plan
<input type="checkbox"/> Youth/College	<input type="checkbox"/> Annual <input type="checkbox"/> COM
<input type="checkbox"/> Young Adult (18-25)	Draft Date is 15th
<input type="checkbox"/> Adult	
<input type="checkbox"/> Family	Clergy/Mil Discount Y/N
<input type="checkbox"/> SP Family	Corporate Discount Y/N
<input type="checkbox"/> Senior (62+)	Scholarship Discount Y/N
<input type="checkbox"/> Senior Family	

STAFF USE ONLY

Member Initials: ____
Staff Initials: ____

Please let us know any areas of interests or suggestions:

NAME (LAST, IF DIFFERENT)	BIRTHDATE	GENDER	E-MAIL
SPOUSE/SECOND ADULT 1.	- -	M F	
CHILDREN/DEPENDENTS 2.	- -	M F	
3.	- -	M F	
4.	- -	M F	
5.	- -	M F	ADDRESS
6.	- -	M F	
7.	- -	M F	

Today's Date _____ Signature _____

