

# Membership Registration Form

- Single
- Family
- Active Military/Senior

- Resident
- Nonresident
- Business

- Annual
- Monthly



Today's Date: \_\_\_\_\_

## Participant Information (Head of Household):

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

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Phone #: Primary: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Child  Adult  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact Info: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relation \_\_\_\_\_

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## Additional Family Members:

1. Name: First \_\_\_\_\_ Last \_\_\_\_\_

Child  Adult  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Name: First \_\_\_\_\_ Last \_\_\_\_\_

Child  Adult  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Name: First \_\_\_\_\_ Last \_\_\_\_\_

Child  Adult  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Name: First \_\_\_\_\_ Last \_\_\_\_\_

Child  Adult  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Name: First \_\_\_\_\_ Last \_\_\_\_\_

Child  Adult  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact Info: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relation \_\_\_\_\_

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***No refunds will be given for membership purchases.***