



Membership Record

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primary Member Information

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Age	Date of Birth	M/F
_____			_____	_____	
Mailing Address			City/State/Zip	Member No. (office use)	
_____			_____		
()			_____		
Phone			Email address	<input type="checkbox"/> check if you don't want e-mail	

Additional adult (if included on the membership only) Must reside together, sharing income and expenses.

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Age	Date of Birth	M/F
_____			_____		
()			_____		
Phone			Email Address	Member No. (office use)	

Dependent(s) (if included on membership only) Meets the IRS definition of a dependent ie: under age child living at home or 19-24 years.

First Name	MI	Last Name	M/F	Age	Date of Birth	Member# (office use)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Additional members: Residing with primary member (additional fees apply) Must show proof of residency.

First Name	MI	Last Name	M/F	Age	Date of Birth	Member# (office use)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Emergency Contact

_____	_____	_____
Name	Relationship	Phone

For Office Use Only:				Towel or Locker Rental		
_____	_____	_____	_____	Y	N	_____
Membership Type	Issue Date	Corporate Employer	Participants Name	Towel	Locker No.	

