



Membership Enrollment Form

V2.1
1/1/2010

New Member # _____

Reactivating Member # _____

Name	First	Last	Middle
ADDRESS	STREET		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DATE OF BIRTH ____/____/____
	CITY/STATE	ZIP	
PHONE	HOME PHONE ()	CELL PHONE ()	EMAIL <i>(we do not provide your email to anyone)</i>
	COMPANY NAME	POSITION/TITLE	
EMPLOYER	COMPANY ADDRESS (Street, City, State, Zip)		
	BUSINESS PHONE ()	FAX PHONE ()	

Please complete the information on ALL family members

FIRST NAME (2 nd Adult only)	LAST NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH ____/____/____
EMPLOYER	POSITION/TITLE	BUSINESS PHONE ()	CELL PHONE ()
COMPANY ADDRESS			EMAIL
FIRST NAME	LAST NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F DATE OF BIRTH ____/____/____	RELATIONSHIP
FIRST NAME	LAST NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F DATE OF BIRTH ____/____/____	RELATIONSHIP
FIRST NAME	LAST NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F DATE OF BIRTH ____/____/____	RELATIONSHIP

FOR OFFICE USE ONLY

Membership Type <input type="checkbox"/> Monthly <input type="checkbox"/> Special <input type="checkbox"/> One Year <input type="checkbox"/> Employee <input type="checkbox"/> Six Month	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> Debit # _____ _____ Membership Start Date _____ First Draft Date	FEES: \$ _____ (prorate) (Month) \$ _____ Subtotal \$ _____ Other Fee \$ _____ Total Receipt	_____ ENROLLED By _____ TODAY's DATE COMMENTS/NOTES:
CATEGORY: <input type="checkbox"/> One-Adult <input type="checkbox"/> Youth/Teen <input type="checkbox"/> Family <input type="checkbox"/> Senior <input type="checkbox"/> Guest			