

Membership Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Ok to text reminders

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you want your invoice sent: \_\_\_\_\_ Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible Family Members - immediate household: (List by name and birthdate - if under 22)

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For Office Use Only

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Single - $70 for 6 months $110 per year = one key card

Family - $100 for 6 months $160 per year = 2 key cards

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Check #

Renewal Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received policy form Waiver form completed