



# Membership Enrollment Form

V2.1  
1/1/2010

New Member # \_\_\_\_\_

Reactivating Member # \_\_\_\_\_

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

**Please complete the information on ALL family members**

FIRST NAME (2 <sup>nd</sup> Adult only)	LAST NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH ____/____/____
<b>EMPLOYER</b>	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			