



# MEMBERSHIP FORM

Type of Membership:  New Member     Current Member     Returning Former Member  
 Individual (\$30)     Family (\$40)

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

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

City/State/Zipcode: \_\_\_\_\_

Preferred Phone No.: \_\_\_\_\_ Existing Member No. (if any) \_\_\_\_\_

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

(Please note that if you do not supply an email, it will be your responsibility to refer to the website for activities, focus nights, salon, and meeting information.)

## For Family Memberships Only:

Member #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Existing Member No. (if any) \_\_\_\_\_

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

Member #3 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Existing Member No. (if any) \_\_\_\_\_

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

Member #4 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Existing Member No. (if any) \_\_\_\_\_

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

PLEASE PAYMENT HERE

