

# Community Center Membership Application Form

Please print and fill out this application form completely. Use block letters where applicable.

## 1. Applicant Information

Full Name:

Date of Birth (MM/DD/YYYY):

Gender:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

## 2. Membership Details

Membership Type (Individual, Family, Senior, Youth):

## 3. Emergency Contact

Emergency Contact Full Name:

Relationship to Applicant:

Emergency Contact Phone Number:

## 4. Acknowledgement and Signature

By signing below, I agree to abide by all the rules and regulations of the Community Center.

Applicant Signature:

Date (MM/DD/YYYY):