

Membership Application and Enrollment Form

Instructions: Please complete all sections of this form. This form is designed for printing and manual completion, or direct digital entry.

1. Applicant Information

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City:

State / Province:

Postal / ZIP Code:

Phone Number:

Email Address:

2. Membership Details

Membership Level (e.g., Standard, Premium, Student, Senior):

Requested Start Date (MM/DD/YYYY):

Referred By (if applicable):

3. Emergency Contact Information

Emergency Contact Full Name:

Relationship to Applicant:

Emergency Contact Phone Number:

4. Acknowledgement and Signature

By signing below, the applicant agrees to abide by all rules, regulations, and bylaws of the organization.

Applicant Signature (Write or Sign):

Date (MM/DD/YYYY):