

Community Center Member Registration Form

Please complete all sections of this form to register for your community center membership. This form is designed to be printed and filled out.

1. Personal Details

First Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Gender:

2. Contact Information

Street Address:

City:

State / Province:

Postal / ZIP Code:

Phone Number:

Email Address:

3. Emergency Contact

Emergency Contact Full Name:

Relationship to Member:

Emergency Contact Phone Number:

4. Membership Details

Membership Type (e.g., Individual, Family, Senior, Youth):

Requested Start Date (MM/DD/YYYY):

5. Signature and Date

By signing, the applicant agrees to follow the rules and guidelines of the Community Center.

Applicant Signature:

Date Signed (MM/DD/YYYY):