

Nonprofit Organization Member Registration Form

Please print clearly. Complete all sections of this form to register as a member.

1. Personal 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 Type (e.g., Individual, Family, Student, Lifetime):

Volunteer Areas of Interest (e.g., Events, Fundraising, Admin):

3. Emergency Contact Information

Emergency Contact Full Name:

Relationship to Member:

Emergency Contact Phone Number:

4. Acknowledgment and Signature

By signing below, I agree to support the mission and values of the organization.

Member Signature (Sign after printing):

Date (MM/DD/YYYY):

