

New Member Registration and Profile Form

Please print clearly and fill out all sections below.

Personal Information

First Name:

Middle Name:

Last Name:

Date of Birth (MM/DD/YYYY):

Gender:

Occupation:

Contact Information

Phone Number:

Email Address:

Street Address:

City:

State / Province:

Zip / Postal Code:

Emergency Contact

Contact Person Name:

Relationship to Member:

Contact Phone Number:

Membership Details

Membership Type (e.g., Basic, Premium, Lifetime):

Preferred Start Date (MM/DD/YYYY):

How did you hear about us?:

Official Use Only

Assigned Member ID:

Staff Signature:

Approval Date: