



## 2022 Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I \_\_\_\_\_ (please print name) have received a copy of the organization's by-laws and agree to abide by them.

My \$20 Membership fee has been paid in full along with any additional family members for a fee of \$10 each.

Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_ (if applicant is under the age of 18)

For Treasurer → Total Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_