



Membership Application

Date _____

Please Check one:

- Individual \$410
- Household \$550
- Associate Individual \$210
- Associate Household \$280

If you do not wish to be included in the member directory, check here:

1st Member

Date of Birth _____

Name _____
Last First MI

Street Address _____

City _____ Zip _____

E-Mail Address _____

Home Phone # _____ Cell Phone # _____

Local Emergency Contact _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Local Emergency Contact Home # _____ Cell # _____ E-Mail _____

2nd Emergency Contact _____ Relationship _____ E-Mail _____

2nd Emergency Contact Home Phone # _____ Cell Phone # _____

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2nd Member (If Applicable).

Date of Birth _____

Name _____
Last First MI

E-Mail Address _____

Home Phone # _____ Cell Phone # _____

Local Emergency Contact _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Local Emergency Contact Home # _____ Cell # _____ E-Mail _____

2nd Emergency Contact _____ Relationship _____ E-Mail _____

2nd Emergency Contact Home Phone # _____ Cell Phone # _____

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