



Personal/Membership Information

Date: _____

Mr. Mrs. Ms. Dr. First Name: _____
(Circle One)

Mr. Mrs. Ms. Dr. Spouse's Name: _____
(Circle One)

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home: _____ Work: _____

Cell: _____ Fax: _____

Email: _____

Children:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Type of Membership: (please circle one)

Family \$40 Sponsor \$100 Patron \$200 Caregiver \$500 Champion \$1000

General Donation Amount: \$ _____

Payment Method/Amount:

Cash: \$ _____ Check: \$ _____

Visa/MC: \$ _____ Expiration Date: __/__/__

Acct. No: _____ - _____ - _____ - _____

Signature: _____

Date: __/__/__

Office Use Only:

Membership No. _____

Memb. Expiration Date _____

Renewal: Yes__ No__ Staff _____

___ Membership Card

___ Family Pass

___ T-Shirt Coupon

___ Birthday Party Certificate

___ Thank You Letter

___ Database Entry

