



Office Use Only				
	Date Pd.	Amt. Pd.	Card Issued	Entered
2020	_____	_____	_____	_____
2021	_____	_____	_____	_____
2022	_____	_____	_____	_____

Membership Brunch Invitation Date _____

Membership Form

(NOTE: Any Changes Check Here _____)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

BIRTHDAY _____ SEX _____
(MONTH/DAY/YEAR)

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

INTERESTED IN VOLUNTEERING: _____ YES _____ NO

INTERESTS

THINGS YOU WOULD LIKE TO SEE/DO AT YOUR CENTER:

Photo Release

I, the undersigned, do hereby consent and agree that PSC, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use in any and all media, now or hereafter known, and exclusively for promotional and training purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Print
Name: _____ Date: _____

Signature: _____