



| Office Use Only |          |          |       |         |         |
|-----------------|----------|----------|-------|---------|---------|
|                 | Date Pd. | Amt. Pd. | Card  | Welcome | Entered |
| 2024            | _____    | _____    | _____ | _____   | _____   |
| 2025            | _____    | _____    | _____ | _____   | _____   |
| 2026            | _____    | _____    | _____ | _____   | _____   |
| 2027            | _____    | _____    | _____ | _____   | _____   |
| 2028            | _____    | _____    | _____ | _____   | _____   |

# 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: \_\_\_\_\_