

Membership Information

Please fill in the following information, then click on the e-mail button to automatically send by e-mail, or click on the "Print Form" button to mail or deliver to the office. Information about children in the family is on the second page.

Family Name [ ] Residence Phone [ ]
Residence Address [ ] City [ ] State [ ] Zip Code [ ]

Complete Alternate address information you want to receive mail at another address during certain dates.

Alternate Address [ ] City [ ] State [ ] Zip Code [ ]
Alternate Phone [ ] Beginning Date for Alternate Address [ ] Ending Alternate Address Date [ ]
Emergency Contact Name [ ] Relationship: [ ] Emergency Phone [ ]

Husband or Head of Household \*\*\*\*\*

Title [ ] First Name [ ] Middle Initial/Name [ ] Last Name [ ]
Preferred First Name [ ] Gender [ ] Birth Date [ ] Marital Status [ ]
Marital Date [ ] E-mail [ ] Work Phone [ ] Cell Phone [ ]
Cell Phone Carrier [ ] (for text messaging) Blood Type [ ] Ethnic Origin [ ]
Employer [ ] Employer Phone [ ] Extension [ ] Baptism Date [ ]
Employer Address [ ] City [ ] State [ ] Zip Code [ ]
Occupation/Skills [ ] Health Advisories [ ]

Spouse \*\*\*\*\*

Title [ ] First Name [ ] Middle Initial/Name [ ] Last Name [ ]
Preferred First Name [ ] Gender [ ] Birth Date [ ] Marital Status [ ]
Marital Date [ ] E-mail [ ] Work Phone [ ] Cell Phone [ ]
Cell Phone Carrier [ ] (for text messaging) Blood Type [ ] Ethnic Origin [ ]
Employer [ ] Employer Phone [ ] Extension [ ] Baptism Date [ ]
Employer Address [ ] City [ ] State [ ] Zip Code [ ]
Occupation/Skills [ ] Health Advisories [ ]

Enter children's information on the next page. If there are no children click on the "Submit" button to send by e-mail. Click on the "Print Form" button to print a copy of the form.

**Child1 \*\*\*\*\***

Title  First Name  Middle Initial/Name  Last Name

Preferred First Name  Gender  Birth Date  Marital Status

Marital Date  E-mail  Cell Phone  Baptism Date

Cell Phone Carrier  (for text messaging) Blood Type  Ethnic Origin

Occupation/Skills  Health Advisories

**Child2 \*\*\*\*\***

Title  First Name  Middle Initial/Name  Last Name

Preferred First Name  Gender  Birth Date  Marital Status

Marital Date  E-mail  Cell Phone  Baptism Date

Cell Phone Carrier  (for text messaging) Blood Type  Ethnic Origin

Occupation/Skills  Health Advisories

**Child3 \*\*\*\*\***

Title  First Name  Middle Initial/Name  Last Name

Preferred First Name  Gender  Birth Date  Marital Status

Marital Date  E-mail  Cell Phone  Baptism Date

Cell Phone Carrier  (for text messaging) Blood Type  Ethnic Origin

Occupation/Skills  Health Advisories

**Click on the "Submit" button to send by e-mail. Click on the "Print Form" button to print a copy of the form.**