



Member # _____

Member Form

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Municipality: _____

Phone: _____ DOB: _____

Can we celebrate your birthday in monthly newsletter? Yes or No

Can we celebrate your wedding anniversary in monthly newsletter?

Yes or No If yes, what month? _____

How would you like names listed? _____

Are you Male Female

Are you a veteran? Yes No If yes, what branch of service? _____

Can we list you as a veteran in our newsletter? Yes No

In Case of Emergency Contact

Name: _____ Phone #: _____

Alternative phone #: _____

Name: _____ Phone #: _____

Alternative phone #: _____

Permission for Photos

Do we have your permission to use your photo on our website and for social media purposes?

Yes No

Signature: _____

