Sample Membership Form

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This sample form is for you to try using Adobe Fill & Sign to fill out a form.

ENROLLMENT FEES

| Adults: Initial one-time Children over 10 and t | | | • | | scription fee of \$40 | |
|--|---|--------------|--------------|-------|-------------------------|--|
| MEMBERSHIP LEVE | L (CHECK ONE) | | | | | |
| | rate membership (Mo rship (Monthly fee: \$ | - | '5) | | | |
| PERSONAL INFOMA | TION | | | | | |
| First Name | Zxx | Last Name Gg | | N | Male Female | |
| Home Address | | | City | State | Zip | |
| Phone Number | | Email Addre | SS | I | | |
| EMERGENCY CONTA | ACT INFORMATION | | | | | |
| First Name | | Last Name | | N | Male Female | |
| Phone Number | | | Relationship | · | | |
| By signing I Agree to e or after visitation hours | • • | • | • | - | ation to anyone in befo | |
| Signature | | | Date | е | | |

| | A | | | |
|-----------|----------|--|------|------|
| Signature | | | Date | |