

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature on this form indicates my consent to be contacted by *Active Connections*.

The first 3 months are free. Beginning in the 4th month, an income-based membership fee applies.

Income-based membership rates are available to ensure that all members of our community have access to *Active Connections*. A reduced rate (starting at \$5 per month) is offered to those who qualify. If interested, please report income at the time of registration. Those who do not wish to be considered for a reduced rate may opt out of reporting income.

Annual Income: \_\_\_\_\_