

New Member Registration and Card Assignment

(PLEASE PRINT)

FIRST NAME: _____ M.I.: _____

LAST NAME: _____

DATE OF BIRTH: _____

TELEPHONE: _____

WORKING EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*GENDER: _____

*ETHNIC STATUS (circle one)

African-American Asian-American Caucasian Hispanic Native-American Other

*PREFERRED LANGUAGE: _____

*DISABILITIES: _____

*ALLERGIES: _____

*MARRIED - YES/NO

*LIVE ALONE - YES/NO

* MEANS OPTIONAL

How did you hear about the Beech Street Center?

Would you like to join our email mailing list? YES / NO

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

TELEPHONE: _____

STAFF FILL OUT:

Card Number: _____

Staff/Volunteer accepting form - I verify all information input above is legible: _____

Date: _____