

**New Member Sign Up Form 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

\*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: \_\_\_\_\_