

PIONEER COMMUNITY CENTER MEMBERSHIP FORM

A \$10.00 CONTRIBUTION TO THE CENTER IS GREATLY APPRECIATED.
Many of our fine programs are supplemented by membership funds.

PLEASE NOTE: ALL INFORMATION IS KEPT CONFIDENTIAL AND IS USED IN CASE OF AN EMERGENCY.

LAST NAME: _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

MAILING (ADDRESS IF DIFFERENT FROM ABOVE)

DATE OF BIRTH _____ GENDER: _____ MALE _____ FEMALE _____

YOUR EMERGENCY CONTACT PERSON:

NAME _____ PHONE _____

ALTERNATE _____

MEDICAL INFORMATION:

DOCTOR _____ PHONE _____

INSURANCE CARRIER _____

DO ANY OF THE FOLLOWING APPLY TO YOU?

WHEELCHAIR _____ WALKER/CANE _____ DIZZY SPELLS _____ DIABETES _____ EPILEPSY _____

NARCOLEPSY _____ HEART CONDITION _____ TAKE NITROGLYCERIN _____ OTHER _____

MEDICATION YOU ARE ALLERGIC TO _____

ANY OTHER CONCERNS OR INSTRUCTIONS PERTAINING TO AN EMERGENCY:

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