

DAY / MONTH / YEAR

Family Membership Registration Form

JANUARY 1, 2025 - DECEMBER 31, 2025

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MEMBERSHIP APPLICATION (Page 2)	
Main Parent/Guardian Name:	Email Address:
Family Member Name:	
Date of Birth (DOB):	Gender: Female Male Non-Binary Gender Variant
Membership Types (Can choose more than 1): Athlete	Coach Cleader (Instructor, Trainer, Admin) Other (Board, Volunteers)
Family Member Name:	
Date of Birth (DOB):	Gender: Female Male Non-Binary Gender Variant
Membership Types (Can choose more than 1): Athlete	Coach Cleader (Instructor, Trainer, Admin) Other (Board, Volunteers)
Family Member Name:	
Date of Birth (DOB):	Gender: Female Male Non-Binary Gender Variant
Membership Types (Can choose more than 1): Athlete	Coach (Leader (Instructor, Trainer, Admin) (Other (Board, Volunteers)
Family Member Name:	
Date of Birth (DOB):	Gender: Female Male Non-Binary Gender Variant
Membership Types (Can choose more than 1): Athlete	Coach Cleader (Instructor, Trainer, Admin) Other (Board, Volunteers)
Family Member Name:	
Date of Birth (DOB):	Gender: Female Male Non-Binary Gender Variant
Membership Types (Can choose more than 1): Athlete	Coach Cleader (Instructor, Trainer, Admin) Other (Board, Volunteers)
Family Member Name:	
Date of Birth (DOB):	Gender: Female Male Non-Binary Gender Variant
Membership Types (Can choose more than 1): Athlete	Coach Cleader (Instructor, Trainer, Admin) Other (Board, Volunteers)
Family Member Name:	
Date of Birth (DOB):	Gender: Female Male Non-Binary Gender Variant
Membership Types (Can choose more than 1): Athlete	
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RECEIVED: TOTAL MEMI	IBERS: PAGE 1 COMPLETED/SIGNED: