

# GENEVA COMMUNITY CENTER

## MEMBERSHIP INFORMATION FORM

OFFICE USE ONLY		
DATE: ___ / ___ / _____	PAID: \$ ____ . ____	RECEIPT #: _____
MEMBER ID #: _____ NEW MEMBER / RENEWING MEMBER		

(PLEASE PRINT)

LAST NAME:	FIRST NAME	MI	
STREET ADDRESS		CITY	STATE      ZIP CODE
HOME PHONE	CELL PHONE	OTHER PHONE	
E MAIL ADDRESS			

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME:	PHONE
NAME:	PHONE

**GENERAL MEMBER INFORMATION(Optional)**

GENDER: M / F	DATE OF BIRTH ___ / ___ / _____
ETHNICITY: AFRICAN AMERICAN / ASIAN AMERICAN / CAUCASIAN / HISPANIC / LATINO	
NATIVE AMERICAN / PACIFIC ISLANDER / PUERTO RICAN / SOUTH AMERICAN / OTHER: _____	