

Member Last Name: _____ Member First Name: _____ M.I. _____

Parent/Guardian 1

Parent Last Name: _____ Parent First Name _____

Address: _____ City: _____ State ____ Zip _____

Home Phone () - _____ Work Phone: () - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Other _____

Legal Guardian: Yes / No Send Mailing: Yes / No E-Mail: _____

Parent/Guardian 2

Last Name: _____ First Name _____

Address: _____ City: _____ State ____ Zip _____

Home Phone () - _____ Work Phone: () - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Other _____

Legal Guardian: Yes / No Send Mailing: Yes / No E-Mail: _____

Emergency Contact

Last Name: _____ First Name _____

Address: _____ City: _____ State ____ Zip _____

Home Phone () - _____ Work Phone: () - _____

Occupation (optional): _____

Contact Type (circle one): Primary Contact Other _____

Legal Guardian: Yes / No Send Mailing: Yes / No E-Mail: _____