



2017 Membership Form—Rec-Pro

Last Name: _____ First Name: _____

Birthdate: _ Mo . _____ Day: _____ Year: _____ Gender: Male () Female ()

Address: _____ Zip: _____

Primary Phone:(_____) _____ Primary E-mail: _____

Emergency Contact: _____

Primary Phone:(_____) _____ **Relationship:** _____

Preferred Hospital: _____

Municipality - Please Check One

- Lake Orion () Oxford () Rochester ()
- Orion Township () Other ()

<u>Data Entry Check</u>
Active Net: () Rec-Pro: ()
I.D. Card Issued: ()
Date: _____ Staff Int. _____



February 2017 New Membership Form—Rec-Pro

Last Name: _____ First Name: _____

Birthdate: _ Mo . _____ Day: _____ Year: _____ Gender: Male () Female ()

Address: _____ Zip: _____

Primary Phone:(_____) _____ Primary E-mail: _____

Emergency Contact: _____

Primary Phone:(_____) _____ **Relationship:** _____

Preferred Hospital: _____

Municipality - Please Check One

- Lake Orion () Oxford () Rochester ()
- Orion Township () Other ()

<u>Data Entry Check</u>
Active Net: () Rec-Pro: ()
I.D. Card Issued: ()
Date: _____ Staff Int. _____