

**Interested in becoming a Member?**

Complete the Membership Form, enclose your check made payable to the Fellowship House of Conshohocken, and mail to: The Fellowship House of Conshohocken, 515 Harry Street, Conshohocken, PA 19428.

Membership Category (Please check the appropriate box.)

Address / Telephone Number:

	<u>Resident</u>	<u>Non-resident</u>
Youth	<input type="checkbox"/> \$ 70	<input type="checkbox"/> \$130
Adult	<input type="checkbox"/> \$140	<input type="checkbox"/> \$265
Senior	<input type="checkbox"/> \$ 40	<input type="checkbox"/> \$ 70
Family*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$330

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\_\_\_\_\_

\_\_\_\_\_

\* Each individual must be able to show proof of residency for family membership.

**Enroll the following individual as members**

1. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_      5. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

2. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_      6. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

3. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_      7. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

4. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_      8. \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

**Emergency Contact Information:**

Primary Contact: (List parent's name(s) if youth or family membership.)

Name: \_\_\_\_\_ Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

Secondary Contact:

Name: \_\_\_\_\_ Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

Please note that Emergency Contact must be entered for Membership to take effect.

Check # : \_\_\_\_\_

Detach Membership Form and mail with check to:

**The Fellowship House of Conshohocken**  
**Attn: Membership**  
**515 Harry Street**  
**Conshohocken, PA 19428**