

MEMBERSHIP FORM

Complete the information below

Address

Membership Category (Please check the appropriate box) _____

	<u>Resident</u>	<u>Non - Resident</u>
Youth	\$ 70	\$130
Adult	\$140	\$265
Senior	\$ 40	\$ 70
Family	\$175	\$330

Telephone Number

Enroll the following individuals as a member

E-Mail Address

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 or a family member if youth membership) **Emergency Contact must be entered**

Name _____ Phone Number 1st _____ 2nd _____

Secondary Contact

Name _____ Phone Number 1st _____ 2nd _____

**(Payments are accepted by cash, check, credit card,(Master Card or Visa) debit card or money order)
If mailing please send completed membership form with check or money order to**

Check # _____

**The Fellowship House of Conshohocken
515 Harry Street
Conshohocken, Pa. 19428**