

# JACKSON TOWNSHIP

Assigned ID# \_\_\_\_\_ CENTER \_\_\_\_\_ Application Date \_\_\_\_\_

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street City/State Zip

TOWNSHIP OR BOROUGH: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### EMERGENCY CONTACT - 1ST CHOICE:

Name	Address	Telephone
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### EMERGENCY CONTACT - 2ND CHOICE:

Name	Address	Telephone
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FAMILY DOCTOR: \_\_\_\_\_

INTERESTS/SKILLS/HOBBIES: \_\_\_\_\_

ARE YOU INTERESTED IN HELPING THE CENTER BY BEING AN ACTIVE VOLUNTEER? /\_/YES /\_/NO IF YES CHECK INTERESTS BELOW:

1. KITCHEN FOOD HANDLING: /\_/
2. MAINTENANCE: /\_/
3. ORGANIZATION AND ADMINISTRATION: /\_/
4. ARTS AND CRAFTS: /\_/
5. MUSIC AND DANCE: /\_/
6. GAMES AND TOURS: /\_/
7. OTHER (SPECIFY INTEREST): /\_/

MEMBERSHIP FEE: \_\_\_\_\_ (DONATIONS APPRECIATED)

APPLICANT'S SIGNATURE: \_\_\_\_\_

PREPARER'S SIGNATURE: \_\_\_\_\_