
Club Membership Registration Form

Member Information:

- Full Name: _____
- Nickname (if any): _____
- Date of Birth: _____
- Gender: _____
- Address: _____
 - City: _____
 - State: _____
 - ZIP Code: _____
- Phone Number: _____
- Email Address: _____

Membership Options:

- Type of Membership:
 - Regular
 - Lifetime
 - Honorary
- Membership Duration:
 - Monthly
 - Yearly
 - Lifetime
- Starting Date: _____
- Renewal Date: _____

Emergency Contact Information:

- **Name:** _____
- **Relationship:** _____
- **Phone Number:** _____

Payment Information:

- **Payment Method:**
 - **Credit Card**
 - **Debit Card**
 - **Check**
 - **Cash**
- **Amount Paid: \$** _____

Declaration:

I confirm that all the provided information is accurate and agree to abide by the club rules and regulations.

- **Signature:** _____
- **Date:** _____