



**Non-Resident Single Person Registration Form  
(Spouse fills out another form)**

**Yearly Membership Fee \$37.00**

**Member Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **TWP:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Newsletter Delivery:**  Email       Mail

**Is there anything else you would like to tell us?**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Internal Use Only*

**Tag #:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_