

MEMBER INFORMATION FORM

Member Personal Information:

SALUTATION _____
FIRST NAME _____ LAST NAME _____
EMAIL ADDRESS _____ CELL _____

Spouse Personal Information:

SALUTATION _____
FIRST NAME _____ LAST NAME _____
EMAIL ADDRESS _____ CELL _____

Home Address:

ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

Summer Address:

ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

Other Address:

ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

Mailing Preferences:

STATEMENTS - Specify which address each month: (H) Home, (S) Summer, (O) Other

STATEMENTS J__ F__ M__ A__ M__ J__ J__ A__ S__ O__ N__ D__

PUBLICITY (Newsletter) - Email only Both Email and mail Mail Only

Email address: _____

Specify which address each month: (H) Home, (S) Summer, (O) Other

PUBLICITY MONTHS J__ F__ M__ A__ M__ J__ J__ A__ S__ O__ N__ D__

Children:

Name _____ Name _____ Name _____

Birthdate _____ Birthdate _____ Birthdate _____

Name _____ Name _____ Name _____

Birthdate _____ Birthdate _____ Birthdate _____

Please complete form and return to AYC office, Attn: Helene.