REGISTRATION FORM - 2017

ST NAME			
SI NAME			
DRESS			
ME PHONE	CELL PI	HONE	
ORK PHONE	E-MAIL		

*** <u>REFERRAL MEMBER</u>			*****
BIRTH CERTIFICATES	S ARE REQUIRED FOR AN	Y <u>NEW</u> MEMBERS U	NDER THE AGE OF 21
NAME BIRTHDATE RELATIONSHIP (Husband / Wife / Son / Daughter)			
TAMINIE	<u>DIKTHDATE</u> K	EDATIONSIII (IIUSD	anu / whe / Son / Daughter)
			····
DICAL INFORMATION (ALL	ERGIES, DIABETES, BEE STING Circle Membership Catego		ER'S NAME / DOCTOR'S PH
	Discount Period	_ <u>*</u>	NON -
	March 1 - April 30	After April 30	RESIDENTS 2017
Senior Individual 62	\$160.00	\$230.00	Not Available
Senior Couple 62	\$285.00	\$355.00	Not Available
Individual	\$180.00	\$230.00	\$375.00
Two Persons	\$305.00	\$355.00	\$500.00
Three Persons	\$410.00	\$460.00	\$600.00
Four Persons	\$490.00	\$540.00	\$675.00

 $\frac{\text{IMPORTANT:}}{\text{PLEASE MAKE ALL CHECKS PAYABLE TO THE }} \text{ The Time of Registration (Photo License)}$

\$525.00

\$550.00

\$90.00

Five Persons

Caregiver Pass

Six Persons

\$575.00

\$600.00

\$170.00

\$700.00

\$725.00

\$225.00

Check	Cash	Credit Card