



Empowerment Clubhouse

New Member Enrollment

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Gender: _____ Primary Language: _____

Are you under conservatorship? (A judge has assigned someone to oversee your overall affairs.) Yes No

Do you need special accommodations? Yes No If so, please explain:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL. I CERTIFY THAT I AM AGE 18 OR OVER AND A LEGALLY INDEPENDENT ADULT ABLE TO SIGN ON MY OWN BEHALF.

Member Signature: _____ Date: _____

STAFF USE ONLY:

Printed Staff Name: _____

Staff Signature: _____ Date: _____