

SERVING EXCEPTIONAL MINDS (SEM)
SOCIAL CLUB MEMBERSHIP APPLICATION

LAST NAME _____ FIRST NAME _____ MI _____

BIRTHDATE ____/____/____ GENDER: Male ____ Female ____

AGE _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL# () _____

EMERGENCY CONTACT INFORMATION

1). NAME _____ RELATIONSHIP _____

MAILING ADDRESS _____

HOME PHONE _____ CELL# _____

2). NAME _____ RELATIONSHIP _____

MAILING ADDRESS _____

HOME PHONE _____ CELL# _____

MEDICAL INFORMATION

MEDICATION TAKEN _____

ALLERGIES _____

EDUCATION

SCHOOL NAME _____

EMPLOYMENT

EMPLOYER _____

COMMENTS

