

SHOAL Centre Membership Form

FIRST Name _____ LAST Name _____

Male Female Transgender Prefer not to disclose Other

Birthdate (MM/DD/YY) _____

Address _____

Municipality _____

Postal Code _____

Cell Phone _____

Home Phone _____

Email _____

Emergency Contacts:

Friend/Family

Family/Friend

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Interests (why do you want to become a member?):

I will consider my health and abilities before engaging in activities at SHOAL. I am aware of the possible risks certain activities may hold. These risks can include accidents that result in physical injuries so it is very important that participants are aware of their boundaries and take them into account.

Signature _____ Date: _____

Internal Use Only:

New Renewal Membership # _____

Woodshop Orientation Paid Payment date: _____

Lapidary Orientation Paid Payment date: _____

Ceramics Orientation Paid Payment date: _____



Entered into Data Base (Initial): _____ Email: Date: _____