



CamanoCenter
Get connected.

MEMBERSHIP REGISTRATION

Date: _____
Receipt #: _____
Method of Pay: _____
(Check # _____)
Membership Card: YES NO

Individual Membership: 1 Year (\$30) 3 Year (\$80) 5 Year (\$125)

Family Membership: 1 Year (\$50) 3 Year (\$140) 5 Year (\$200)

PLEASE PRINT:

Name: _____ Date of Birth _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (primary) _____ (alt)

E-mail _____ Occupation _____

Second Member Name: _____

Date of Birth: _____ Phone (if different from above): _____

Occupation: _____

Would you like your newsletter mailed to your secondary residence when you are away from the area?

Alternate Mailing Address: _____

Start Date: _____ End Date: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

How did you find about the Camano Center? (referral, drop in, event, class, etc)

I am interested in finding out more about volunteer opportunities at the Camano Center and Second Chance Thrift Shop.

Office Use only:

Entered in FR:

Mailed Welcome Letter:

Orientation Invite: