

**Family Membership**

**Registration Form**

Student Name Parent/Guardian (*If student is a minor)*

Address City State ZIP

Home (\_\_\_\_\_) Cell (\_\_\_\_\_) Work (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (*If student is a minor)****\_\_\_\_\_\_\_***

E-Mail (*Please provide adult student or parents’ e-mail address for registration confirmation*

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