



Membership Form

Wagon Trails Recreation Association

Complete all white areas of this form. Shaded areas will be completed by recreation staff.

Wagon Trails Address		Ownership, Proof of Residency, and Standing must be verified for each address. Six (6) cards maximum per household. No cards to children under age 12.
Owner <input type="checkbox"/> Renter <input type="checkbox"/> If Renter: Owner's Last name _____		Owner / Renter Checked: Picture ID Good Standing Waiver (renter)
Parent (first and last name)		Card Number
Parent (first and last name)		Card Number
Oldest Child	Date of Birth	Card Number
Second Child	Date of Birth	Card Number
Third Child	Date of Birth	Card Number
Fourth Child	Date of Birth	Card Number
Fifth Child	Date of Birth	Card Number
Sixth Child	Date of Birth	Card Number
Home Phone		Cell Phone
Alt Phone		Alt Phone
Alt Email		Email
Alt Email		Alt Email
Emergency Contact		Relationship
Emergency Contact		Phone Number
Manager Notes		
Member Signature		date
Member Signature		date