

PERSONAL INFORMATION

Full Name (PLEASE PRINT) : _____

Date Of Birth : _____ / _____ / _____ Gender : Male Female

Address : _____

Phone Number : _____ E-Mail : _____

ID Number : _____ Insurance Provider : _____

Member Status : New Existing Returning

Do you use another Renew Active location? : Yes No
If you selected yes, please list this location : _____

This space is where you can share notes

Note : _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

OFFICE USE ONLY

Date Verified : _____ Membership Start Date : _____

Staff Name : _____ Staff Signature : _____

Notes : _____

More Information :

📍 1997 Marine Dr. Astoria, Or. 97103

📞 (503) 325-7027

🌐 www.astoriaparks.com

THANK YOU

Peter von Payens
Recreation Coordinator