



## Membership Information Form

Please fill out the information below completely. **Print clearly in blue or black ink.** All information provided is confidential and will not be shared outside of Fidalgo Pool & Fitness Center without permission.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Household members at same address** (use reverse of form, if needed)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check any that apply:**

Active Duty or Reserve Military (ID required)

Samish Nation Tribal ID number (ID required): \_\_\_\_\_

Swinomish Nation Tribal ID number (ID required): \_\_\_\_\_

I have a Medicare Supplement or Advantage plan with a fitness benefit. Please ask for a Medicare Fitness Benefit form, which must be filled out, returned, and verified before we can activate your membership.