



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: _____

Email: _____ **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.