

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

Signature: _____ Date: _____

My signature on this form indicates my consent to be contacted by *Active Connections*.

One year membership = \$45

The first 3 months are free. Months 4-12: \$5/month

Name on Debit/Credit Card: _____

Credit Card Number: _____

Expiration: _____

CVV Code: _____