



# 2014 Friendship Center Membership Form

SUBJECT TO CHANGE WITHOUT NOTICE  
\$18 per individual or \$28 for a couple-as of 1/1/14

## Please Print Clearly:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Gender (Circle): Male or Female      Date of Birth: (M/D/Y) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: (First & Last Name) \_\_\_\_\_  
Relation to You: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### **Spouse's Information:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Gender (Circle): Male or Female      Date of Birth: (M/D/Y) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: (First & Last Name) \_\_\_\_\_  
Relation to You: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I/We fully understand that the City of Winona and the Winona Friendship Center are in no way liable for accidents, injuries and/or loss of money, clothing, jewelry and all other personal items, while at the Center or at any activity held by the Center outside of the building at 251 Main St.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing!