Community _____
Alumni _____
Senior _____

Emmanuel College

Athletic Center

706-245-2917

Individual Membership Enrollment Form

Date _____

New ☐ Renewal ☐

Membership ID # _____

Please print: Gender (circle one): Male Female

_____ _____
Last Name First Name M.I. Date of Birth (mm/dd/yy)

_____
Address City State Zip Code

_____ _____ _____
Day Phone Cell phone Email

Emergency Contact

_____ _____ _____
Last Name First Name Relationship Primary/Cell Phone