



**starfire**  
Membership Application

**Personal Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone (1) \_\_\_\_\_

(2) \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

**How did you hear about Starfire?**

Friend/ another member    Employer    Mail    E- Mail

Website    Facebook    Other \_\_\_\_\_

Do you have any medical concerns we should be aware of? (i.e. seizures, diabetes, allergies, medication, etc.) \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**References (non-family):**

	<b>Name</b>	<b>Phone</b>	<b>Relationship</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*Membership in Starfire demonstrates commitment to building a vibrant, inclusive community. Members seek to be leaders in showing unity and respect for all people eliminating labels and broadening our membership pool.*