

Glide Community Center
2011 Membership Form

Name: _____ Signature _____

Address: _____ Signature _____

_____ E-mail _____

Best phone number to reach you: _____

Dues per household: \$10.00

Names of Family members living with you over 18 years of age:

1. _____ Signature: _____
2. _____ Signature: _____
3. _____ Signature: _____
4. _____ Signature: _____

Names of family members living with you under 18 years of age:

1. _____
2. _____
3. _____
4. _____

Are you renewing? Yes ___

Is this your first year with GCC? Yes ___ No ___

Would you be interested in being called for Volunteer opportunities?

Yes _____ No _____