MEMBERSHIP FORM

P.E.G. Access of Fergus Falls, Inc.

Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ - _____

Evening Phone _____ - _____

E-mail _____

Driver's License Number _____

Agreement:

I have read and agree to follow the policies as outlined in the *P.E.G. Access of Fergus Falls, Inc. Policy Guide.* I understand that violation of these policies may result in termination of access center privileges.

Signature _____ Date _____/_____/_____

For Staff Use Only

Membership Type: [] Individual [] Student/Senior

[] Organization _____

Membership Number _____

[ ] Payment Received
Staff Member_____

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