



MEMBERSHIP APPLICATION

for children between the ages of 3 - 12 years

CHILD 1 NAME _____

CHILD 1 BIRTHDATE (day/month/year) _____

ALLERGIES/MEDICAL CONDITIONS (if any) _____

CHILD 2 NAME _____

CHILD 2 BIRTHDATE (day/month/year) _____

ALLERGIES/MEDICAL CONDITIONS (if any) _____

CHILD 3 NAME _____

CHILD 3 BIRTHDATE (day/month/year) _____

ALLERGIES/MEDICAL CONDITIONS (if any) _____

CHILD 4 NAME _____

CHILD 4 BIRTHDATE (day/month/year) _____

ALLERGIES/MEDICAL CONDITIONS (if any) _____

MAILING ADDRESS _____ CITY/ZIP _____

PHONE _____ EMAIL ADDRESS _____

Decatur County REMC values your privacy and will handle the personal information provided in this Little Crew Club Membership Application in accordance with our privacy policies and practices. The information collected may be used for sending birthday cards, club activity communications, and general contact purposes.

I hereby consent to enroll my child(ren) in Decatur County REMC's Little Crew Club. I understand that Decatur County REMC is not liable for any accidents that may occur during club activities. I grant permission for Decatur County REMC to photograph and/or video my child(ren) for promotional purposes. I acknowledge that these materials may be used on the website, social media, and marketing materials.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____