

# WELCOME TO MACK POOL

## PRIMARY MEMBER INFORMATION (ADULT 18 YRS+)

|  |                                |                      |   |                            |
|--|--------------------------------|----------------------|---|----------------------------|
| NAME (TITLE - Mr., Ms., Mrs.)  | FIRST                          | MIDDLE               | LAST  | SUFFIX (Sr., Jr., II, III) |
| HOME STREET ADDRESS / PO BOX   | APT. #                         | CITY                 | STATE   | ZIP                        |
| (INCLUDE AREA CODES) HOME PHONE<br>(    )  | WORK PHONE<br>(    )           | CELL PHONE<br>(    ) |   |                            |
| PREFERRED EMAIL ADDRESS  | DATE OF BIRTH (MONTH/DAY/YEAR) | GENDER               | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                            |
| RACE (CHECK ONE) <b>OPTIONAL</b><br><input type="checkbox"/> AFRICAN AMER. <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NATIVE AMER.    OTHER _____ |                                |                      |   |                            |
| EMPLOYER NAME  | YOUR POSITION                  |                      |   |                            |

## SECONDARY ADULT INFORMATION (ADULT 18+ AT SAME ADDRESS ON DRIVERS LICENSE)

|  |                                |                      |   |                            |
|--|--------------------------------|----------------------|---|----------------------------|
| NAME (TITLE - Mr., Ms., Mrs.)  | FIRST                          | MIDDLE               | LAST  | SUFFIX (Sr., Jr., II, III) |
| (INCLUDE AREA CODES) HOME PHONE<br>(    )  | WORK PHONE<br>(    )           | CELL PHONE<br>(    ) |   |                            |
| PREFERRED EMAIL ADDRESS  | DATE OF BIRTH (MONTH/DAY/YEAR) | GENDER               | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |                            |
| RACE (CHECK ONE) <b>OPTIONAL</b><br><input type="checkbox"/> AFRICAN AMER. <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NATIVE AMER.    OTHER _____ |                                |                      |   |                            |
| EMPLOYER NAME  | YOUR POSITION                  |                      |   |                            |

## EMERGENCY CONTACT (ADULT NOT LISTED ON MEMBERSHIP)

|                                 |                          |
|---------------------------------|--------------------------|
| NAME (FIRST, MI, LAST)          | RELATIONSHIP             |
| (INCLUDE AREA CODES) HOME PHONE | WORK PHONE    CELL PHONE |

## CHILDREN

| FIRST NAME | M.I. | LAST NAME (if different) | BIRTHDATE | GENDER | CHILDREN LIVE WITH: |
|------------|------|--------------------------|-----------|--------|---------------------|
|            |      |                          |           |        |                     |
|            |      |                          |           |        |                     |
|            |      |                          |           |        |                     |
|            |      |                          |           |        |                     |
|            |      |                          |           |        |                     |



## IMPORTANT INFORMATION

MEDICAL INFORMATION AND FOR WHOM:

