



FRIENDS Program
 c/o Conteh Home Services
 4848 Dorr Street
 Toledo, Oh 43615
 (419)214-0154

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:

PRIMARY POINT OF CONTACT INFORMATION

Name:		
Address:		Provider: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SHIRT SIZE

T-Shirt Size:

ALLERGIES OR OTHER IMPORTANT MEDICAL INFORMATION

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HOBBIES OR ACTIVITIES I LIKE TO PARTICIPATE IN

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ACTIVITIES I CAN'T DO OR DO NOT LIKE TO DO

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SIGNATURES

I want to become a member of the FRIENDS program and agree that the FRIENDS program can send me information about their events and outings including any fundraisers they may be conducting.

Signature of applicant:	Date:
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