

Claymore Center
504 S. Clayton Street Wilmington, DE. 19805

MEMBERSHIP # _____

Membership Application

Name: _____ Date of Birth: ____/____/19____

Phone: (H) ____ - ____ - ____ (C) ____ - ____ - ____ E-Mail: _____

Address: _____ Development: _____

City/State: _____ Zip Code: _____

How Did You Hear About Claymore? _____

In Case Of Emergency Contact:

Name: _____ Relationship: _____

Full Address: _____

Phone: (H) ____ - ____ - ____ (C) ____ - ____ - ____

Any Medical or Physical Issues We Should Be Aware Of:

Primary Physician: _____ Phone: ____ - ____ - ____

Fax: ____ - ____ - ____

Cardiologist(if applicable): _____

Phone: ____ - ____ - ____

Fax: ____ - ____ - ____

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Office Use Only:

Staff Taking Application: _____ Date: ____/____/20____

“NAPIS” COMPLETED & FAXED TO CITY FARE YES() NO()