# COUSIN FOUNDATION
# Membership Registration Form

Please complete this form to register as a member of the Cousin Foundation. All information will be kept confidential and used only for foundation purposes.

Member ID (Office Use Only): _____

Full Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Membership Type: _____

## *Areas of Interest / Volunteer Activities*

_____

_____

## *Member Declaration*

I certify that the information provided is accurate to the best of my knowledge. I agree to support the mission and activities of the Cousin Foundation.

Applicant Signature: _____

Date: _____

## *Office Use Only*

Application Received By: _____

Approval Status: _____

Membership Number: _____