



MEMBER ENROLLMENT FORM

(SSF10001-04182025)

Individual Membership Cycle: July 1 to June 30

Today's Date: _____

Member #: _____

ENROLLMENT: _____ RENEWAL: _____

Select	Membership Type	Dues
	Active Member	\$45
	Social Member	\$35
	Child Member (ages 3 to 12 with Parental Waiver)	\$10

OFFICE USE ONLY:

Cash: _____

Check #: _____

Card: _____ (N/A)

Received & Approved by: _____

SS-PBFC Team Member

NAME _____
(First) (Middle) (Last)

ADDRESS _____

(City) (State) (Zip code)

DATE OF BIRTH _____ GENDER _____
(Month) (Day) (Year) (Male or Female)

PHONE _____ CALL _____ TEXT _____

EMAIL _____

SIGNATURE _____

PARENTAL STATEMENT OF LIABILITY AND RELEASE FOR MINOR UNDER THE AGE OF 18:

I, _____ (Parent/Guardian) of _____
hereby give permission and assume full responsibility in the payment of membership dues for my minor family member in order to enroll and participate in the activities organized by Sampaguita Socials. I further release and discharge the association for any claims, inquiries, litigations, or hardships arising out of my minor's participation into the association.

(Parent/Guardian Signature)

(Date)