

Powell MakerSpace

Membership Details and Contact Information

Full name: _____ Email: _____

Individual Library Pass Day Pass Moyer Foundation (class of 20____)

Family

Full Name: _____ Email: _____

Phone: _____ D.O.B.: _____

Full Name: _____ Email: _____

Phone: _____ D.O.B.: _____

Full Name: _____ Email: _____

Phone: _____ D.O.B.: _____

Full Name: _____ Email: _____

Phone: _____ D.O.B.: _____

*Additional members continue on back

Corporate: level _____

Driver's License Number: _____

Date of birth: _____

Mailing Address: _____

Phone Number: _____

How did you hear about the Powell Makerspace?

Word-of Mouth Walked by Facebook Powell Tribune

Basin Reboot Other: _____

OFFICE USE ONLY

Start Date of Membership: _____ End Date of Membership: _____

Payment Method: _____ Date Payment Received: _____

Amount: _____ Renewed On: _____

Policies and Procedures Signed

Waiver Signed

LAST NAME: