



BOK FU DYNASTY REGISTRATION FORM



MEMBER INFORMATION

Name:

Date of birth:

Home Phone:

Cell Phone:

Current address:

City:

State:

ZIP Code:

Email:

MINOR INFORMATION

If Student is a minor (Under the age of 17 years) Please complete this section.

Employer address:

How long?

Mother's Name:

Phone:

E-mail:

Father's Name:

Phone:

E-mail:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

PHYSICIAN CONTACT INFO

Name:

Phone:

Cell Phone:

PLEASE CHECK ALL THAT APPLY

Any Physical Handicaps? YES /NO , Explain:

High Blood Pressure: YES / NO , Explain:

Heart Disease: YES / NO , Explain:

Lung Disease: YES / NO , Explain:

Asthma: YES / NO , Explain:

Other: YES / NO , Explain:

NOTES (OFFICE USE ONLY)

SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:

Date: