

MEMBERSHIP APPLICATION FORM



Child's Details

Given Names _____

Nickname _____

Gender: Male Female Other _____

Date of Birth ____ / ____ / ____

Parent/Guardian Details

Given Names _____

Surname _____

Relationship to child _____

Contact Telephone: Home _____ Work _____ Mobile _____

Email Address _____

I do not want to receive information from the Club regarding services, upcoming events and promotions.

Signature _____

Carthage Farmers Market Little Friends Club is committed to protecting the privacy of your child's personal information supplied by you (such as name, address, gender etc) and will not use or disclose any information about you for any purpose other than to fulfill our service obligations. Information is required to register your child. Refusal to provide this information may result in a declination of your child's Little Friends Club membership application and refusal of access to Little Friends Club services.

