



# MEMBER REGISTRATION

PLEASE MAKE CHECKS PAYABLE TO: THE VILLAGES PARROTHEADS  
 MAIL THE COMPLETED APPLICATION ALONG WITH YOUR CHECK TO:  
 VILLAGE PARROTHEADS  
 PO Box 52 OXFORD, FL 34484

PLEASE PRINT CLEARLY

## MEMBER 1 INFORMATION

FIRST NAME

LAST NAME

EMAIL

HOME PHONE

CELL PHONE

STREET

CITY

STATE

ZIP CODE

I AM A NEW MEMBER  I AM REJOINING

I HAVE READ AND AGREE WITH THE MEMBER GUIDELINES & CODE OF CONDUCT

## VOLUNTEERING

You can earn Parrothead Points by VOLUNTEERING for various things:

I would like to learn more about VOLUNTEERING opportunities:

## ADDITIONAL MEMBER

FIRST NAME

LAST NAME

EMAIL

HOME PHONE

CELL PHONE

*address and Cell Phone. If your address is the same as above, no need to re-enter.*

STREET

CITY

STATE

ZIP CODE

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## VOLUNTEERING

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## OFFICIAL USE ONLY

### TO BE SIGNED OFF BY VILLAGES PARROTHEADS MEMBERSHIP CHAIR

*I have reviewed this application and approved all information as complete and easily read. Please deposit membership dues and enter in the Master Membership List and Email Contact list.*

TREASURER- APPLICATION AND CHECK

WEBMASTER- APPLICATION VIA EMAIL

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MEMBERSHIP CHAIR

DATE