



Person Financially Responsible for WINNERS Card

Last Name			
First Name		Middle Initial	
Address			
City		State	Zip Code
Day Phone		Home	Night
Employer Phone		Employer	
Fax Number		Email	
Emergency Name		Phone Number	

T.C.C. Member: Yes No

					For Office Use Only				
Information, All Cardholders, including above person if a cardholder					Corp/Group		Ann	Bank Draft	
Cardholder first name	M.I.	Last name, if different	Birth date	Sex	Init. \$	Mo. \$	Bar Code	OK	

I have read and understand my commitment in becoming a WINNERS card holder at Tacoma Christian Center.

Signature: _____ Date: _____

How did you hear about WINNERS?

Brochure
 Friend
 Newspaper
 Drove by
 TCC
 Other

Do you want to volunteer? yes no

Why did you join WINNERS?

Family Focus
 Youth Activities
 Education/Recreation Classes
 Fitness
 Gym Sports