

MACOUN FIELD CLUB

MEMBER REGISTRATION FORM



MEMBER'S NAME: _____

Home phone number: _____

MEMBER'S ADDRESS: _____

DATE OF BIRTH: _____

e-mail address: _____

SCHOOL: _____

GRADE LEVEL: ____

MOTHER'S NAME: _____

Cell phone: _____

FATHER'S NAME: _____

Cell phone: _____

HEALTH INSURANCE NUMBER: _____

Are there any medical problems we should know about when taking you out on field trips?
(asthma, allergies, knee problems, etc.)

Please mark any special interests you have in natural history:

Plants

Birds

Mammals

Frogs, snakes, turtles

Fish

Insects, spiders, etc.

Shells, aquatic life etc.

Fossils

Rocks and minerals

Outdoor skills

Other interests that are not in the list: _____

Does your family share your interests?

Do you get outdoors to look for things that interest you very often?

Do you have a collection of natural history specimens?

Do you like drawing or painting nature subjects?

Please tell us more if something is really important to you.

SIGNATURE: _____

DATE: _____