



starfire
Membership Application

Personal Information

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____

County _____

Phone (1) _____

(2) _____

Email Address _____ Date of Birth _____

How did you hear about Starfire?

Another member Employer Mail E- Mail Website Facebook Other _____

References (non-family)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contact Information

The information below will be kept confidential. This information will only be used in case of emergency.

Primary Care Physician _____

Preferred Hospital _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Concerns/Allergies/Medication _____

Membership in Starfire demonstrates commitment to building a vibrant, inclusive community. Members seek to be leaders in showing unity and respect for all people eliminating labels and broadening our membership pool.

Please return this form to Starfire Council
5030 Oaklawn Drive, Cincinnati, Ohio 45227
or fax form to (513)281-2125