



## MEMBERSHIP FORM

Please fill out this form completely so we can process your membership. All information provided will be for the private use of The Pilot House and will not be shared with any third parties.

### Family Membership

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email \_\_\_\_\_ (email is our primary form of communication with the membership)

### Child/children

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

### Educator/ Service provider Membership

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ (email is our primary form of communication with the membership.)

**Annual Membership fee \$35.00 (July1st – June30th)**

**Please send to:  
The Pilot House  
240 Colony Street  
Fairfield, CT 06824**