

**HYDE PARK CENTER**  
**Membership 2019**

(Effective 1/1/2019-12/31/2019)

**How did you hear about Hyde Park Center? (please check):**

Friend  Family  Doctor/Other professional  Website  Facebook  Local paper  
 Other (please explain) \_\_\_\_\_

**GENERAL INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ May we publish your birthday month? Yes\_\_\_ No\_\_\_  
Month/Day/Year

**LOCAL EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**MEMBERSHIP LEVELS (check one):**

\$25 Active  \$40 Couple  \$40 Supporting  \$55 Sustaining

Please return this form with your payment to:

HYDE PARK CENTER  
2800 Erie Avenue  
Cincinnati, OH 45208

If you have questions or would like more information, call (513) 321-6816.