



TRIPLECITIES

M A K E R S P A C E

362 State Street, Binghamton, NY 13901

First

Membership Form

Date: _____

Last

Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address(es): _____ Public* Preferred Mailing List

Phone Number(s): _____ Type Public* Preferred Text**

IRC Nick (optional): _____

* Items marked as "Public" will be available to other members.
No items are required to be marked public.

** If "Text" is marked, only high priority notices will be sent via SMS.

Sponsor 1: _____

Sponsor 2: _____

Emergency Contact 1:

Name: _____

Phone: _____

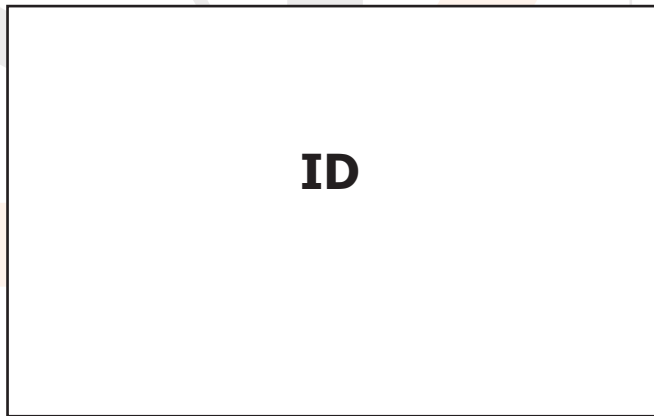
Alt. Phone: _____

Emergency Contact 2:

Name: _____

Phone: _____

Alt. Phone: _____



THIS SECTION TO BE FILLED OUT BY TCMS:

Effective Date: _____

RFID: _____