



Hudson Portuguese Club

Membership Contact Information Update



Membership Type

Family: ☐

Individual: ☐

Please provide current membership number: _____

Individual or Primary Family Member Contact Information

Name: _____

Date of Birth: _____

Home Phone: _____

Address: _____

Cell Phone: _____

City: _____

E-Mail: _____

State: _____

Zip Code: _____

Profession: _____

Family Member(s) Information (if applicable)

Spouse's Name: _____

Spouse's Date of Birth: _____

Spouse's Cell Phone: _____

Spouse's Profession: _____

Children's Names

Date of Birth

College Attending/Graduation Date (if applicable)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes

Signature of Member: _____

Date/Data: _____

Signature of Club
Registrar/Employee: _____

Date/Data: _____

If paying dues by check, form may be submitted to: "Hudson Portuguese Club Registrar" PO Box 246, 13 Port St. Hudson, MA. 01749
If paying dues by Credit or Cash, form must be submitted in person to the registrar or an employee of the club.