| Membership Application | | | |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Name: | | | |
| Date of birth: | Place of birth : | | Phone: |
| Current address: | | | |
| P.O.Box | Closed contact: | | Family contact : |
| Own Rent (Please circle) | Live with : | | How long? |
| Employment Information | | | |
| Current work: | | | |
| work address: | | | How long? |
| Phone: | E-mail: | | cell: |
| Type of work : | Skill : | | Move and travel : |
| Position: | Certify : | | Add : |
| Emergency Contact | | | |
| Name of a relative not residing with you: | | | |
| Address: | | | Phone: |
| Email : | Contact situation : | | Add : |
| Relationship: | | | |
| Spouse Information if joint membership | | | |
| Name: | | | |
| Date of birth: | Email: | | Phone: |
| Spouse Employment Information | | | |
| Current work: | | | |
| Work address: | | | How long? |
| Phone: | E-mail: | | Fax: |
| Type of Work : | Skill : | | Travel or Move : |
| Position: | Certify : | | Years of married : |
| References | | | |
| Name | Address | | Phone |
|  |  | |  |
|  |  | |  |
| Children if membership privileges desired | | | |
| Name Age | | Name Age | |
| Name Age | | Name Age | |
| Signatures | | | |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | | | |
| Signature of applicant: | | | Date: |
| Signature of spouse (only if for a joint membership): | | | Date: |