| Membership Application |
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| 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: |