

Membership Application

General Information:

Will there be a co-applicant on this application? No Yes, 1 Applicant Yes, 2 Applicants

Membership Eligibility:

<input type="checkbox"/> Employer	Employer Name:
<input type="checkbox"/> Family	Family Name:
<input type="checkbox"/> Community	Community Name:

Primary Applicant:

Last Name:	Middle Name:
First Name:	Social Security Number (TIN):
Date of Birth:	Home Phone Number:
Work Phone Number:	Other Phone Number:
Email Address:	Mother's Maiden Name:

I certify that:

The TIN is correct and (choose one)...

- I am subject to back-up withholding
 I am not subject to back-up withholding

...and that I am a U.S. person (including a U.S. Resident Alien).

Drivers License #:	Drivers License State:
Drivers License Expiration Date:	

Home Address (Not P.O. BOX):

Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:

Mailing Address (If Different):

Address 1:	
Address 2:	
City:	State, Zip:

continued on next page.

Membership Application

Employment History:

Present Employer's Name:	Employer's Phone Number:
Employer Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:

References:

Nearest Relative Not Living With You	
Last Name:	First Name:
Relationship:	Phone Number:
Address 1:	
Address 2:	
City:	State, Zip:

Additional Information:

How would you prefer to be contacted?

- Home Phone Work Phone
 Other Phone Email Address

Other:

Special Instructions/ Comments:

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Signature:

The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.

Signature:	Date:
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