

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent *(Please circle)*

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

SSN:

Phone:

SPOUSE EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

REFERENCES

Name

Address

Phone

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

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: