

# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent <i>(Please circle)</i>	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 <i>(Please circle)</i>	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 <i>(Please circle)</i>	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 <i>(only if for a joint membership):</i>	Date: