



## APPLICATION FOR MEMBERSHIP

PROOF OF ADDRESS PROVIDED \_\_\_\_\_

LAST NAME: \_\_\_\_\_ ASSIGNED MEMBER #: \_\_\_\_\_

**LIST CURRENT SRSRC PROGRAMS ENROLLED IN** \_\_\_\_\_

CHILDCARE#: 8\_\_\_\_\_ (IF APPLICABLE)

1ST ADULT: \_\_\_\_\_ 2ND ADULT: \_\_\_\_\_

DRIVERS LIC #: \_\_\_\_\_ DRIVERS LIC #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

**DEPENDENTS MUST BE LIVING IN SAME HOUSEHOLD AND UNDER 25 YEARS OF AGE**

DEPENDENT 1: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEPENDENT 2: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEPENDENT 3: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEPENDENT 4: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NANNY: \_\_\_\_\_

**NANNY CAN ACCOMPANY DEPENDENTS WHEN ADULT MEMBERS ARE NOT PRESENT. IF ADULT MEMBERS PRESENT, GUEST PASSES MUST BE USED.**

RESIDENCE ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**STATEMENTS AND CORRESPONDENCE WILL BE SENT TO EMAIL ABOVE UNLESS OTHERWISE INDICATED BELOW.**

Please send statements emails to: \_\_\_\_\_

INITIATION FEE AMOUNT PAID: \_\_\_\_\_ FIRST MONTH AMOUNT PAID: \_\_\_\_\_

TRANSFER FEE AMOUNT PAID: \_\_\_\_\_ FIRST MONTH PAID: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ PAID WITH: \_\_\_\_\_ STAFF INITIAL \_\_\_\_\_