

Spandannew

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MEMBERSHIP APPLICATION

Please print clearly using a black or blue pen. Return the completed form by mail or hand-delivery. An office representative will confirm by email.

1. Choose a Membership Plan

☐ Guest (Lifetime) — Free

2. Personal Information

First Name

Last Name

Email

Phone (Primary)

Alt Email (optional)

Alt Phone (optional)

DOB — Month (1-12)

DOB — Day (1-31)

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Spouse Name (if married)

3. Mailing Address

Street Address

City

State / Province

ZIP / Postal Code

Country

4. Code of Conduct

By signing this application, I acknowledge that I have read and agree to abide by any organizational policies provided by the office.

5. Applicant Signature

Signature

Date (MM/DD/YYYY)

OFFICE USE ONLY

Date received: _____

Entered by: _____

Plan assigned: _____

Member ID: _____

Membership Application — Spandannew • Submitting this form constitutes your application; account creation is at the discretion of the office.