

# EXCLUSIVE MEMBERSHIP

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occ: \_\_\_\_\_ Yrs. at Occ: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Age: \_\_\_\_\_ Occ: \_\_\_\_\_ Yrs. at Occ: \_\_\_\_\_  
Children: \_\_\_\_\_ Age(s): \_\_\_\_\_

Unique Story: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Member of:  
Union:   
Assoc:   
Referral:   
POS:

Request Access to:  
Child Safe:   
Health Card:   
AD&D:   
Tailor Made Prog:

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Agree to Contact?  Yes  No

Date: \_\_\_\_\_ Sponsor Signature: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Directions to Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_