

**ELIZABETH TOWNSHIP COMMUNITY CENTER MEMBERSHIP APPLICATION**  
**www.335-ETCC.com**

TYPE OF MEMBERSHIP	MEMBERSHIP #	DATE
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PRIMARY MEMBER	FIRST NAME	MI	LAST NAME
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BIRTHDAY / /	GENDER	SEND MAIL TO HOME <input type="checkbox"/> E-MAIL <input type="checkbox"/>
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STREET
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CITY	STATE	ZIP
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HOME PHONE	BUSINESS PHONE	CELL PHONE	E-MAIL
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EMERGENCY CONTACT	NAME	HOME PHONE	BUSINESS OR CELL PHONE
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HOW DID YOU HEAR ABOUT ETCC? FRIEND <input type="checkbox"/> BROCHURE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> RADIO <input type="checkbox"/> TV <input type="checkbox"/> MEMBER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> OTHER <input type="checkbox"/>
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SPOUSE	FIRST NAME (IF DIFFERENT)	LAST NAME	BIRTHDAY / /	GENDER	BUSINESS PHONE
DEPENDENTS	FIRST NAME	LAST NAME (IF DIFFERENT)	BIRTHDAY / /	GENDER	
DEPENDENTS	FIRST NAME	LAST NAME (IF DIFFERENT)	BIRTHDAY / /	GENDER	
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DEPENDENTS	FIRST NAME	LAST NAME (IF DIFFERENT)	BIRTHDAY / /	GENDER	
DEPENDENTS	FIRST NAME	LAST NAME (IF DIFFERENT)	BIRTHDAY / /	GENDER	
DEPENDENTS	FIRST NAME	LAST NAME (IF DIFFERENT)	BIRTHDAY / /	GENDER	

**OFFICE USE ONLY**

TOUR OFFERED <input type="checkbox"/>	MEMBER GIVEN RECEIPT# <input type="checkbox"/>	NEW MEMBER PACKET <input type="checkbox"/>
PROOF OF RESIDENCY <input type="checkbox"/>		
APPT MADE FOR ORIENTATION <input type="checkbox"/>	MEMBERSHIP CARD GIVEN <input type="checkbox"/>	STAFF:

METHOD OF PAYMENT	AMOUNT PAID WITH APPLICATION	CASHIER						
CASH CHECK # _____	\$ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> DATE _____							