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

TYPE OF MEMBERSHIP			MEM	BERSHIP #	DATE		
PRIMARY MEMBER	FIRST NAME	<u> </u>	MI	LAST NAME			
BIRTHDAY / /	GENDER	SEND MAIL TO HOME□ E	E-MAIL 🗆				
STREET							
CITY STATE ZIP							
HOME PHONE		BUSINESS PHONE	CELL PHONE		E-	E-MAIL	
EMERGENCY CONTACT	NAME		HOME PHONE			BUSINESS OR CELL PHONE	
		ΓETCC? FRIEND □ BROCH AD □ OTHER □	IURE 🗆	NEWSPAPER 🗆	RADIO 🗆	TV □ MEMBEF	₹ □
SPOUSE	FIRST NAM (IF DIFFER		IAME	ME BIRTHDAY GEND		R BUSINESS PHONE	
DEPENDENTS	FIRST NAM	ME LAST N	NAME (I	F DIFFERENT)	BIRTHDA /		GENDER
DEPENDENTS	FIRST NAM	ME LAST N	NAME (I	F DIFFERENT)	BIRTHDA /		GENDER
DEPENDENTS	FIRST NAME LAST		NAME (I	AME (IF DIFFERENT) BIF		Y /	GENDER
DEPENDENTS	FIRST NAME LAST		NAME (I	AME (IF DIFFERENT) BI		AY /	GENDER
DEPENDENTS	FIRST NAM	ME LAST N	NAME (I	F DIFFERENT)	BIRTHDA /		GENDER
DEPENDENTS	FIRST NAME LAST NA			ME ( IF DIFFERENT) BIRTHE			GENDER
		OFFICE	USE C	NLY			
TOUR OFFERED   MEMBER GIVEN RECEIPT#   NEW MEMBER PACKET   PROOF OF RESIDENCY							
APPT MADE FOR ORIENTATION □ MEMBERSHIP CARD GIVEN □ STAFF:							
METHOD OF P CASH CHECK #	AYMENT	AMOUNT PAID WITH A	PPLICA	TION		CASHIER	