



# Member Application

Member Number \_\_\_\_\_

All information is used for membership and networking within our membership ranks. At no time is this information available to the public or sold.

(Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Do you have medical license? (circle one) Yes No

Licensed as \_\_\_\_\_ Agency \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

CPR/AED Certified? Yes No First Aid Certified? Yes No

Are you currently an instructor? Yes No If Yes, Instructor for \_\_\_\_\_

Would you be interested in joining our training department? Yes No

*During orientation you will be asked to show your license. This is to maintain our 60/40 membership balance required by our bylaws. At no time will we ask for a copy or are you to give a copy to any member.*

## **Networking**

Company \_\_\_\_\_ Business Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Business Type \_\_\_\_\_

Position/title \_\_\_\_\_

Other skills (electric, plumbing, accounting, etc.) \_\_\_\_\_

## **Model Release**

I hereby give my permission to use any likeness of myself for website or promotional use and expect to receive no compensation.

Print Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Member Signature \_\_\_\_\_

Dues Collected Yes No Amount \$ **40.00** Sponsor \_\_\_\_\_

By vote (required after 6 months probation period) Approved Denied

Staff member signature \_\_\_\_\_