



## Membership Application

Last Name	First Name	Middle
Joint Member Last Name	First Name	Middle
Street Address	Date of Birth	Joint Date of Birth
City	State	Zip
Daytime Phone	Evening Phone	Work Phone
Employer	Dept./Occupation	
Eligibility: <input type="checkbox"/> Live in Scott County <input type="checkbox"/> Work in Scott County <input type="checkbox"/> Relative of Member		
Driver's License of State I.D.		
Social Security Number or Tax Identification Number		
Social Security Number or Tax Identification Number of Joint Member		
Your Signature	Date	
Joint Member Signature	Date	