



# Certification of Relationship

(This form must be presented with new Membership Application)

## REFERRING MEMBER

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Wet Signature: \_\_\_\_\_

## RELATIONSHIP TYPE

(Please note that additional documentation may be requested as proof of relationship)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Child                       |
| <input type="checkbox"/> Sibling     | <input type="checkbox"/> Spouse/Domestic Partnership |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandchild                  |

## POTENTIAL MEMBER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Wet Signature: \_\_\_\_\_

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