



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: _____

Main Office
 165 West 46th Street, 14th FL
 New York, NY 10036

Chicago
 557 West Randolph Street, 1st FL
 Chicago, IL 60661

Los Angeles
 5757 Wilshire Boulevard, Ste 109
 Los Angeles, CA 90036

North Hollywood
 5636 Tujunga Ave, Ste 102
 North Hollywood, CA 91601