



Certification of Relationship

(This form must be presented with membership application)

Referring Member Information

Account Number: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Signature: _____

Relationship

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Husband | <input type="checkbox"/> Wife |
| <input type="checkbox"/> Significant Other | |

Potential Member Information

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Signature: _____