

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	Phone:	Today's date:
Current address:		
City:	State:	ZIP Code:
ADDITIONAL INFORMATION		
Religious preference:		
Hobbies:		
Line of work:	E-mail:	
Other affiliations or groups associated with:		
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
SPOUSE INFORMATION		
Name:		
Date of birth:		Phone:
REFERENCES		
Name	Address	Phone
CHILDREN		
Name	Name	
Name	Name	
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Print name of applicant:		
Signature:		Date:

Medical information

Allergies/ medical concerns

IF you are going to mail this application in please mail it to:
Raven Hof Ltd
PO BOX 992
Appleton, WI 54912