

ASSOCIATE MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	Todays 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:

CHILDREN

Name	Name
Name	Name

Would you be interested in joining Raven Hof in the future? _____ Yes. _____ No

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.

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