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MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth*:	Phone:	Email
Current address:		
City:	State:	ZIP Code:
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
SPOUSE INFORMATION IF JOINT MEMBERSHIP*		
Name:		
Date of birth*:	Phone:	
CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED (DAY/MONTH)*		
Name:	DOB:	
Name:	DOB:	
Name:	DOB:	
Name:	DOB:	
SIGNATURES		
I authorize the verification of the information provided on this form. I have received a copy of this application.		
I pledge to honor the constitution of the Kpee, to seek and to contribute to the well-being of my fellow Kpee members and our community at large.		
Signature of applicant:		Date:
Signature of spouse: <i>(only if for a joint membership):</i>		Date:

*** FOR BENEFITS ADMINISTRATION**