

TEAM ERI REPRESENTATIVE APPLICATION

APPLICANT INFORMATION

| | | |
|------------------------------------|--------------------------|-----------|
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Own Rent <i>(Please circle)</i> | Monthly payment or rent: | How long? |

EMPLOYMENT INFORMATION

| | | |
|-------------------|---|----------------|
| Current employer: | | |
| Employer address: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary <i>(Please circle)</i> | Annual income: |

EMERGENCY CONTACT

| | | |
|---|--------|-----------|
| Name of a relative not residing with you: | | |
| | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |

SPOUSE INFORMATION IF JOINT MEMBERSHIP

| | | |
|----------------|------|--------|
| Name: | | |
| Date of birth: | SSN: | Phone: |

SPOUSE EMPLOYMENT INFORMATION

| | | |
|-------------------|---|----------------|
| Current employer: | | |
| Employer address: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary <i>(Please circle)</i> | Annual income: |

REFERENCES

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

| | |
|------|------|
| 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.

| | |
|---|-------|
| Signature of applicant: | Date: |
| Signature of spouse <i>(only if for a joint membership)</i> : | Date: |