

MEMBERSHIP APPLICATION

MEMBERSHIP NUMBER _____



MEMBER FULL NAME

IF MARRIED, SPOUSE'S NAME

STREET ADDRESS

CITY STATE ZIP CODE

CELL PHONE NUMBER

SPOUSE CELL PHONE NUMBER

HOME PHONE NUMBER

E-MAIL ADDRESS(ES)

SINGLE _____ MARRIED _____ WIDOW OR WIDOWER _____ DIVORCED _____

(LIST IMMEDIATE FAMILY MEMBERS 21 YEARS OF AGE AND UNDER, UNMARRIED AND LIVING AT HOME
OR UNDER 25 YEARS OF AGE, UNMARRIED AND ATTENDING AN ACCREDITED COLLEGE)

EMERGENCY CONTACT RELATIONSHIP PHONE NUMBER

I DO CERTIFY THE ABOVE INFORMATION IS BOTH TRUE AND CORRECT TO DATE AND AGREE TO
CONTINUE TO ABIDE BY THE MARINA VILLAGE CAMPING CLUB, INC. CLUB RULES.

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____