

Member Name: \_\_\_\_\_

Member Name2: \_\_\_\_\_

(Owner/Renter) \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Service Location: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

I/We acknowledge that the above information is correct.

\_\_\_\_\_

Member's signature

\_\_\_\_\_

Member's signature

Comments: \_\_\_\_\_

w/o \_\_\_\_\_

DCRW initial \_\_\_\_\_ Date \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home/Cell Phone 1: \_\_\_\_\_

Cell Phone 2 & Name: \_\_\_\_\_

Text: Yes or NO \_\_\_\_\_

Cell Phone 1 Carrier: \_\_\_\_\_ Cell 2: \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or sur surname.

\_\_\_\_ I do not wish to furnish this information

Ethnicity:

\_\_\_\_ Hispanic or Latino \_\_\_\_ Not Hispanic or Latino

Race: (Mark all that apply)

\_\_\_\_ White \_\_\_\_ Black or African American

\_\_\_\_ Asian \_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Native Hawaiian or Other Pacific Islander

Sex: \_\_\_\_ Male \_\_\_\_ Female

FOR OFFICE USE:

Copy of Photo ID: \_\_\_\_\_

Membership Receipt No.: \_\_\_\_\_

Tap Receipt No.: \_\_\_\_\_

Meter ID: \_\_\_\_\_

Transpondit No.: \_\_\_\_\_

Membership Certificate No. \_\_\_\_\_

Journal Entries: \_\_\_\_\_

Database: \_\_\_\_\_

Certificate Listing: \_\_\_\_\_

Utility: \_\_\_\_\_

Account No.: \_\_\_\_\_

"This institution is an equal opportunity provider."