

2011 Membership Information Form

Primary Applicant(s) First and Last Name(s): _____

Address: _____
 _____, GA _____

Primary Phone: (____)____ - _____ Type: home cell work

Secondary Phone: (____)____ - _____ Type: home cell work

In case of emergency call: (____)____ - _____

RFSRC uses email as the primary mode of communication regarding pool happenings and events, please list any email addresses you wish to receive communications.

Primary Email: _____ @ _____ . _____

Secondary Email: _____ @ _____ . _____

Other Email: _____ @ _____ . _____

Please list **all** members of your household on a separate line including first AND last name, birth month and birth year for all individuals under 18, and relationship to person (re)applying for RFSRC Membership.

First Name	Last Name	Birth Month/Year or >18	Relationship to Applicant
		___ / ___ <input type="checkbox"/> 18 or older	
		___ / ___ <input type="checkbox"/> 18 or older	
		___ / ___ <input type="checkbox"/> 18 or older	
		___ / ___ <input type="checkbox"/> 18 or older	
		___ / ___ <input type="checkbox"/> 18 or older	
		___ / ___ <input type="checkbox"/> 18 or older	

NOTE: RFSRC reserves the right to ask members for proof of residence.