



Member Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Special Skills:		Desired Service:
Specialty or Talent			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

SPECIAL SKILLS	
<i>Please your special skills or talents so we can give you exposure in that area</i>	
Skill:	Last used:
For what Company?	Phone ()
Address	
Skill:	Last used:
For what Company?	Phone ()
Address	
Skill:	Last used:
For what Company?	Phone ()
Address	

PREVIOUS EMPLOYMENT		
Company		Phone ()
Address		
Responsibilities		
From	To	Reason for Leaving
Company		Phone ()
Address		Supervisor
Responsibilities		
From	To	Reason for Leaving
Company		Phone ()
Address		Supervisor
Responsibilities		
From	To	Reason for Leaving

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to me belonging to this organization as a member, I allow use of my information as well as any pictures I take at any of the organization's event to be published by the organization and utilized in any media related activities.	
Signature	Date