



MEMBERSHIP APPLICATION

Co-Applicant

Please print this form, fill it out and fax to:
(724) 375-1938

Co-Applicant	
Last Name:	Middle Name:
First Name:	Relationship to Primary Owner:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #	Drivers License State:
Drivers License Expiration Date:	
Mother's Maiden Name:	
<i>Home Address (not P.O. Box)</i>	
Address 1:	
Address 2:	
City:	State, Zip
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
<i>Mailing Address (if different)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
<i>Employment History</i>	
Present Employer Name:	Employer Phone Number:
Employer's Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:
Signature	
The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.	
Signature:	Date:

If this is for more than one co-applicant
Print a copy for each applicant.