



Equity Member Application

First Name (print) Last Name (print).....

Signature Date

Mailing Address

City State Zip Code

Tel. Email (Print).....

Other household members: (maximum 4) must be living in same household.

Name Email

Name Email

Name Email

Name Email

Equity Membership fees:

Equity Membership.....\$ 100.00

Equity Yearly Payments\$ 25.00/ (4 **yearly** payments)

Only 1 Membership card will be issued for each application.

Application form received by: Date:
staff/working member name

Amount Paid: Membership card issued:

Receipt printed and attached to application form: