

RRCC Membership Application		<u>TYPE OF MEMBERSHIP</u>	<u>MEMBERSHIP NUMBER(S)</u>
Applicant Information			
Name: (LAST, FIRST, MI)			M or F
Date of Birth:	SSN:	Phone:	
Street Address:		Holland Residents: Block#:	Lot#:
P.O. Box #:	City:	State:	ZIP:
E-Mail:	Fax:	Cell Phone:	
Employment Information			
Current Employer:			
Employer Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:			
Emergency Contact			
Name:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:		Cell Phone:	
Spouse Information, if joint membership			
Name:			M or F
Date of Birth:	SSN:	Phone:	
Spouse Employment Information			
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:			
Children, if membership privileges desired			
Name:		DOB:	M or F
Name:		DOB:	M or F
Name:		DOB:	M or F
Name:		DOB:	M or F
Payment Method			
Amount:	Cash:	Check No:	DL#:
I agree that the Township of Holland, Riegel Ridge Community Center, its officers, employees and volunteers shall not be responsible for any personal injuries or losses sustained by me (us) while on any Township premises, or as a result of any Township sponsored activities. I further agree to indemnify and save harmless the Township of Holland from any claims or demands arising out of any such injuries or losses.			
Signature of Applicant:			Date:
Signature of Spouse, only if for a joint membership:			Date: