Secondary Membership Application Form

Secondary Member Information

☐ Spouse/Significant Other
☐ Young Adult (16-21)
☐ Parent/Sibling

Last name________________________________________ First name_____________________________________

Daytime phone (_____)_________________ Evening phone (_____)_____________________

Address_______________________________________________________________

City________________________________________________ State ______ Zip________________________

Membership Demographic Information (optional)

Gender (Circle one): Male/Female | Birth Date______________ Ethnicity____________________

Primary Member Information

Last name________________________________________ First name_____________________________________

ID number_______________________________________________________________

E-mail address________________________________________ Phone (_____)_____________________

In Case of Emergency

Emergency contact name_______________________________________________

Emergency contact phone number (_____)_______________________________

Signature of applicant________________________________________ Date________________________

AA/EOE/ADA GCUC 44123 11/14