

**ARLINGTON ASSOCIATION  
APPLICATION FOR MEMBERSHIP**

(PLEASE PRINT)

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Business Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

<p><b>OFFICE USE ONLY</b></p> <p>Date App. Received _____</p> <p>Eligibility verified by: _____</p> <p>_____</p> <p>Date: _____</p>
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**NAMES AND BIRTH DATES OF ELIGIBLE DEPENDENT CHILDREN:**

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_  
Yr. Mo.

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_  
Yr. Mo.

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_  
Yr. Mo.

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_  
Yr. Mo.

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_  
Yr. Mo.

RESIDENCY (CHECK ONE) \_\_\_\_\_ Resident \_\_\_\_\_ Non-Resident

**ELIGIBILITY CLASSIFICATION (CHECK ONE)**

\_\_\_\_\_ Faculty/Staff Payroll Deduction Y \_\_\_\_\_ N \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_ Active Alumnus (Contributing graduates only) Year graduated \_\_\_\_\_ Field graduated in \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Membership #