

**ARLINGTON ASSOCIATION**  
**APPLICATION FOR MEMBERSHIP**  
(PLEASE PRINT)

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

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

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

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

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

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

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

<b>OFFICE USE ONLY</b>
Date App. Received _____
Eligibility verified by: _____
_____
Date: _____

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.

TYPE OF MEMBERSHIP(check one) _____ Family _____ Individual _____ Dining Only
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RESIDENCY (CHECK ONE) _____ Resident _____ Non-Resident
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ELIGIBILITY CLASSIFICATION (CHECK ONE)	
_____ Faculty/Staff Payroll Deduction Y _____ N _____	ID# _____
_____ Active Alumnus (Contributing graduates only) Year graduated _____	Field graduated in _____
_____ Major Donor	

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

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

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