

# Taylor Park Membership Application

## Taylor Park Member Information

Member 1: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Member 2: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Mailing: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Member 1: \_\_\_\_\_ Email \_\_\_\_\_

Member 2: \_\_\_\_\_ Email \_\_\_\_\_

Do you intend to be a member long term? YES  NO

Do you have any special medical needs? YES  NO   
Please list:

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Reference

*Please List Current Member Reference:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Names of Children/Family living in your household

Name/DOB: \_\_\_\_\_  
Name/DOB: \_\_\_\_\_  
Name/DOB: \_\_\_\_\_  
Name/DOB: \_\_\_\_\_  
Name/DOB: \_\_\_\_\_

