**Member / Household InformationForm**

\*= required information

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| --- | --- |
| \***Address:** Click here to enter text. **Apt #:** Click here to enter text.  \***City:** Click here to enter text.\***State:** Click here to enter text. **ZIP:** Click here to enter text.  **Is ZANC your primary association? Yes  No** | |
|  | |
| **Adult 1:**  \***First Name:** Click here to enter text.  \***Last Name:** Click here to enter text.  \***E-Mail:** Click here to enter text.  \***Phone Number:** Click here to enter text.  **Month and Year of Birth:** Click here to enter text.  **Profession:** Click here to enter text. | **Adult 2:**  \***First Name:** Click here to enter text.  \*Last Name: Click here to enter text.  \***E-Mail:** Click here to enter text.  **Phone Number:** Click here to enter text.  **Month and Year of Birth:** Click here to enter text.  **Profession:** Click here to enter text. |
|  |  |
| **INFORMATION ABOUT CHILDREN** | |
| **Child 1:**  \***First Name:** Click here to enter text.  \***Last Name:** Click here to enter text.  **E-Mail:** Click here to enter text.  **Phone Number:** Click here to enter text.  \***Month and Year of Birth:** Click here to enter text. | **Child 2:**  \***First Name:** Click here to enter text.  \***Last Name:** Click here to enter text.  **E-Mail:** Click here to enter text.  **Phone Number:** Click here to enter text.  \***Month and Year of Birth:** Click here to enter text. |
| **Child 3:**  \***First Name:** Click here to enter text.  \***Last Name:** Click here to enter text.  **E-Mail:** Click here to enter text.  **Phone Number:** Click here to enter text.  \***Month and Year of Birth:** Click here to enter text. | **Child 4:**  \***First Name:** Click here to enter text.  \***Last Name:** Click here to enter text.  **E-Mail:** Click here to enter text.  **Phone Number:** Click here to enter text.  \***Month and Year of Birth:** Click here to enter text. |
|  |  |
| **INFORMATION ABOUT PARENTS LIVING WITH THE FAMILY** | |
| **Parent 1:**  \***First Name:** Click here to enter text.  \***Last Name:** Click here to enter text.  **E-Mail:** Click here to enter text.  **Phone Number:** Click here to enter text.  **Month and Year of Birth:** Click here to enter text. | **Parent 2:**  \***First Name:** Click here to enter text.  \***Last Name:** Click here to enter text.  **E-Mail:** Click here to enter text.  **Phone Number:** Click here to enter text.  **Month and Year of Birth:** Click here to enter text. |