**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. |