



## Member / Household Information Form

\* = required information

\*Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is ZANC your primary association? (yes/no): \_\_\_\_\_

### **Adult 1:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

Month and Year of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_

### **Adult 2:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

Month and Year of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_

## **INFORMATION ABOUT CHILDREN**

### **Child 1:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Month and Year of Birth: \_\_\_\_\_

### **Child 2:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Month and Year of Birth: \_\_\_\_\_

### **Child 3:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Month and Year of Birth: \_\_\_\_\_

### **Child 4:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Month and Year of Birth: \_\_\_\_\_

## **INFORMATION ABOUT PARENTS LIVING WITH THE FAMILY**

### **Parent 1:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Month and Year of Birth: \_\_\_\_\_

### **Parent 2:**

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Month and Year of Birth: \_\_\_\_\_