

# Kidz Club

## APPLICATION/ ENROLLMENT FORM



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Reason for Eligibility (Name of Relative)

\_\_\_\_\_  
Joint Owner Name

\_\_\_\_\_  
Joint Owner Social Security#

\_\_\_\_\_  
Joint Owner Phone #

\_\_\_\_\_  
Date Of Birth

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Amount of deposit \$

Transfer \$ from account #

share share draft

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
date:

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
date:

### OFFICE USE ONLY

This application approved on Date: \_\_\_\_\_

By: \_\_\_\_\_ Member #: \_\_\_\_\_