



Responsible Party Application Form

Member Information

Member Name: _____ Date: _____
Last First M.I.

Membership # _____

Notes: _____

Responsible Party/Contact Information

Name of Contact: _____

Title: _____ Phone: () _____

Company: _____

Address: _____
Street Address Suite #

_____ *City State ZIP Code*

Are you responsible for the member's house charges? YES NO If yes, do you want a credit limit?

Credit Card # _____ Expiration Date: (MM/YY) _____

Name on Credit Card: _____

Card Holder Acknowledges and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

Signature of Responsible Party: _____ Date: _____

If the Responsible party would like EFT to be withdrawn from a checking account please attach a voided check