

Sent to _____ <b>MBR APP</b> _____
Date Sent: _____ Time Sent: _____
Sent by: _____ Transmitted OK _____

**Membership Application**

Today's Date: \_\_\_\_\_ Volunteer completing application \_\_\_\_\_

**Names of all persons living in the residence:**

Name 1. \_\_\_\_\_ Name 2. \_\_\_\_\_

Street Address \_\_\_\_\_ Neighborhood \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

How long has applicant lived in Sun City? \_\_\_\_\_ How did applicant hear about Staying Connected?

<input type="checkbox"/> Neighbor / Friend	<input type="checkbox"/> Volunteer / Member	<input type="checkbox"/> Our Resource Hub	<input type="checkbox"/> Brochure
<input type="checkbox"/> Neighborhood Meeting	<input type="checkbox"/> Club / Group Meeting	<input type="checkbox"/> Neighborhood Newsletter	<input type="checkbox"/> Website
<input type="checkbox"/> Neighborhood Ambassador	<input type="checkbox"/> SunSations	<input type="checkbox"/> Other	

Have you had the COVID vaccine? 1 Shot \_\_\_ 2 Shots \_\_\_ Booster \_\_\_

What Services interested in: \_\_\_\_\_

Do you have any immediate needs? \_\_\_\_\_

Is there any upcoming time frame or any days of the week when all the applicants will **NOT** be available to participate in a member interview with our volunteers? \_\_\_\_\_

**The membership process takes approximately two weeks, but may take longer. We cannot handle urgent requests.**

**The following is to be completed for referrals only:**

Does the person being referred knows that they are being referred? Yes \_\_\_ No \_\_\_

If the person **DOES NOT KNOW** that they are being referred, we cannot accept the application at this time. Tell the person to submit the application again when they have had a chance to speak to the person being referred. If the person **DOES KNOW** that they are being referred, complete the following information about the referee. Examples of relationship would be son, daughter-in-law, niece, friend, neighbor, etc.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact number: \_\_\_\_\_ Other information \_\_\_\_\_

Person making the referral will be called first by the interview volunteer in order to gather information about the prospective member(s).