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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"/> Print Ad	<input type="checkbox"/> Other

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.

Drop off at the Resource Hub or email to hublead@stayingconnectedschh.org

The following is to be completed for referrals only:

Does the person being referred know 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).