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|-------------------------------------|
| 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                   |                                   |

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.**

Drop off at the Resource Hub or email to [hublead@stayingconnectedschh.org](mailto: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).