



## TVSD Membership Application

\*\* (Annual Membership Period: Annually from Date Joined) \*\*

### Contact Information:

Member Type: ☐ Individual ☐ Household

Join Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check #: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

**Primary Member #:** \_\_\_\_\_

(Program generated)

Sex: ☐ M ☐ F

Name: \_\_\_\_\_  
Last First M.I.

**Secondary Member #:** \_\_\_\_\_

(Program generated)

Sex: ☐ M ☐ F

Name: \_\_\_\_\_  
Last First M.I.

#### Tierrasanta Home Address:

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ - \_\_\_\_\_

#### Alternate Home Address for Snowbirds:

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Fax Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell (Primary): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell (Second.): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email (Primary): \_\_\_\_\_

Email (Secondary): \_\_\_\_\_

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Last Name (Primary): \_\_\_\_\_, First Name(s): \_\_\_\_\_

## Additional Member Data:

Questions	Primary Member	Secondary Member
What is your employment status? (Required)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired
What type of work do / did you do?		
Do you have transportation? (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to English, what other languages do you speak? (Required)		
Do you have access to email? (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special medical conditions such as allergies, hearing or vision impairment, mobility devices (wheelchair, walker, cane)? (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list each condition:		

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Last Name (Primary): \_\_\_\_\_, First Name(s): \_\_\_\_\_

**Additional Contacts (Give Primary person first):**

**Emergency Contact #1**      ☐ **Primary**

<b>Bold denotes: REQUIRED</b>	Primary Member:	Secondary Member:
<b>Contact Name:</b>		
Street Address:		
City, State, Zip:		
<b>Home Phone:</b>	(       )       –	(       )       –
<b>Cell Phone:</b>	(       )       –	(       )       –
<b>Email:</b>		
<b>Relationship:</b>		

**Emergency Contact #2**

<b>Bold denotes: REQUIRED</b>	Primary Member:	Secondary Member:
<b>Contact Name:</b>		
Street Address:		
City, State, Zip:		
<b>Home Phone:</b>	(       )       –	(       )       –
<b>Cell Phone:</b>	(       )       –	(       )       –
<b>Email:</b>		
<b>Relationship:</b>		

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Last Name (Primary): \_\_\_\_\_, First Name(s): \_\_\_\_\_

## Member Directory – Visibility:

Your contact information defaults to showing all of your information. You may choose to show less information. You can do this by checking a box for one of the 8 options below.

**Please note the following:**

1. **Visibility is per household**, not each individual within the household.
2. The Bio also includes your photo if added.
3. Phone references both your Landline (if you have one) and Cell. If you do not wish your cell to be shown, Admin will put it into the Notes section of your record for Admin use if necessary.

May we show your cell phone number in the Directory? ☐ Yes ☐ No

- |  |  |
|--|--|
| <b>O<br/>C<br/>H<br/>O<br/>O<br/>S<br/>E<br/>E</b> | <input type="checkbox"/> Show all information (default)  |
|  | <input type="checkbox"/> Show all information, except email                                    |
|  | <input type="checkbox"/> Show name, city, state, bio, email, phone and work info; no address   |
|  | <input type="checkbox"/> Show name, city, state, bio, email and phone; no address or work info |
|  | <input type="checkbox"/> Show name, city, state, bio and email; no address, work info or phone |
|  | <input type="checkbox"/> Show name, city, state and bio only; no contact information           |
|  | <input type="checkbox"/> Show name, city and state only; no bio or contact information         |
|  | <input type="checkbox"/> Do not list me in the directory                                       |

## Member Directory – Birthdays (Required) & Anniversary:

Anniversary (if married):	____ / ____ / ____
Birthday – Primary Member:	____ / ____ / ____
Birthday – Secondary Member:	____ / ____ / ____

## Signatures:

*Your signature indicates you have read and understand all the information in this application and filled out all the other forms in you package. It also indicates that you will pay your full dues for the year.*

Primary Member Signature: \_\_\_\_\_

Date signed:

____ / ____ / ____
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Secondary Member Signature: \_\_\_\_\_

Date signed:

____ / ____ / ____
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