



# THE CARMEL FOUNDATION MEMBERSHIP APPLICATION

PO Box 1050, Carmel, CA 93921 831.624.1588 Fax: 831.624.5705 www.carmelfoundation.org



## APPLICANT INFORMATION

(Please Print)

Name:		
Nickname:	Phone:	Cell Phone:
Preferred Salutation (for an individual membership):		
Mailing address:		
Physical address:		
City:	State:	ZIP Code:
Email:	Date of birth:	

## EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Email:		
Relationship:		

## SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Nickname:	Phone:	Cell Phone:
Preferred Salutation (for a joint membership):		
Mailing address:		
Physical address:		
City:	State:	ZIP Code:
Email:	Date of birth:	

## SPOUSE EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Email:		
Relationship:		

## ALTERNATE ADDRESS

(Part-time Residents)

Address:		
City:	State:	ZIP Code:
Phone:	Months at this address:	

## MISCELLANEOUS

If you are a new member, how did you hear about us?		
All newsletters will be sent electronically unless specified otherwise. _____ I prefer to receive my newsletter by U.S. Mail		
I am interested in volunteering? _____YES _____NO		

Membership expires each December 31<sup>st</sup>.

**THIS INFORMATION IS CONFIDENTIAL AND FOR THE CARMEL FOUNDATION USE ONLY**

Original: Reception, cc: Bookkeeping, cc: Director of Programs & Volunteer Services