



## Responsible Party Application Form

### Member Information

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Membership # \_\_\_\_\_

Notes: \_\_\_\_\_

### Responsible Party/Contact Information

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_ *City State ZIP Code*

Are you responsible for the member's house charges? YES  NO  If yes, do you want a credit limit?

Credit Card # \_\_\_\_\_ Expiration Date: (MM/YY) \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

**Card Holder Acknowledges and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.**

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

If the Responsible party would like EFT to be withdrawn from a checking account please attach a voided check