| a.n.m.l.a. student Application | | | |
| --- | --- | --- | --- |
| student Information | | | |
| Name: | | | |
| Date of birth: | Age: | |  |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| Phone: | Cell#: | | E-mail: |
| Fathers Information | | | |
| Name: | | | |
| Address: | | |  |
| City: | State: | | Zip Code: |
| Phone: | Cell #: | | E-mail: |
|  |  | |  |
| Emergency Contact | | | |
| Name of a relative not residing with you: | | | |
| Address: | | |  |
| City: | State: | | ZIP Code: |
| Relationship: | | | |
| E- mail: | | | |
| Phone: | Cell #: | |  |
| Mothers Information | | | |
| Name: | | | |
| Address: | | |  |
| City: | state: | | Zip code: |
| Phone: | Cell #: | | E- mail: |
|  |  | |  |
| emergency phone #`s | | | |
| Name | Cell# | | Phone: |
|  |  | |  |
|  |  | |  |
| Children if membership privileges desired | | | |
| Name: | | Name: | |
| Name: | | Name: | |
| Signatures | | | |
| I verified that the information provided on this form is correct to the best of my knowledge. I have received a copy of this application. | | | |
| Fathers Signature : | | | Date: |
| Mothers Signature : | | | Date: |