

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)

Please list my name as (first, last):

Phone:

Cell Phone:

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

Please list my name as (first, last):

Phone:

Cell Phone:

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

All newsletters will be sent electronically unless specified otherwise. _____ I prefer to receive my newsletter by U.S. Mail

Membership is per calendar year (January thru December).

THIS INFORMATION IS CONFIDENTIAL AND FOR THE CARMEL FOUNDATION USE ONLY