



Adding Joint Member to Existing Account

Account # _____

Member Name _____
(Please Print First and Last Name)

W-9 Joint Member's Legal Name _____

Social Security # _____

DL or ID # _____ State _____

Exp date _____ Date of Birth _____

Home Ph# _____ 2nd Contact Ph# _____

I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE AND ALL THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ **DATE** _____
Signature of New Joint Member

SIGNATURE: _____ **DATE** _____
Signature of Member

******Please provide copy Photo ID******