
Applicant Name
(please print)



APPLICATION FOR MEMBERSHIP



Lake of the Forest, Inc.
100 Lake Forest
P.O. Box 1424
Bonner Springs, Kansas, KS 66012
officemanager@lakeoftheforestkansas.com
(913) 424-6062
Incorporated 1910

Cell Phone Number _____

Date of Birth _____

Social Security Number _____

Email Address _____

Current Driver's License: State _____ # _____

Children

1) _____ Male ____ Female ____
First Last Preferred Name Date of Birth

2) _____ Male ____ Female ____
First Last Preferred Name Date of Birth

3) _____ Male ____ Female ____
First Last Preferred Name Date of Birth

Business Information

Applicant's Occupation Title and/or Profession _____ Retired

Name of Company _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Email Address _____

Education Background _____

Membership in Business, Professional, Civic and Fraternal Organization _____

Spouse's Occupation Title and/or Profession _____ Retired

Name of Company _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

Email Address _____

Education Background _____

Membership in Business, Professional, Civic and Fraternal Organizations _____
