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

## \_\_\_\_ Active (Purchase: \$3,500) \_\_\_\_\_ Associate (Renting: \$4,000) A check for the applicable amount must be presented at the time of your Board interview. House number you are Purchasing or Renting Personal Information Applicant Name \_\_\_\_ Title First Middle Last Name Preferred Name Maiden/Former Names \_\_\_\_\_ Current Home Address \_\_\_\_\_ City State Zip Code Counties and States in which you have resided \_\_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number Email Address \_\_\_\_\_ Current Driver's License: State \_\_\_\_\_ # \_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_ Domestic Partner \_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_ If you are married or have a partner, please fill out the Spouse Information. Spouse's Name \_\_\_ First Middle Last Name Preferred Name Maiden/Former Names Current Home Address \_\_\_\_\_ City Zip Code Street State

Type of Membership

Counties and States in which you have resided \_\_\_\_\_

| Cell Phone Number            | er                     |                                  |                 |       |          |  |
|------------------------------|------------------------|----------------------------------|-----------------|-------|----------|--|
| Date of Birth                |                        |                                  |                 |       |          |  |
| Social Security Nu           | mber                   |                                  |                 |       |          |  |
| Email Address                |                        |                                  |                 |       |          |  |
| Current Driver's Li          | cense: State           | #                                |                 |       |          |  |
| Children                     |                        |                                  |                 |       |          |  |
| 1)                           |                        |                                  |                 | Male  | Female   |  |
| First                        | Last                   | Preferred Name                   | Date of Birth   |       |          |  |
|                              |                        |                                  |                 | Male  | Female   |  |
| First                        | Last                   | Preferred Name                   | Date of Birth   |       |          |  |
| 3)First                      | Last                   | Preferred Name                   | Date of Birth   | Male  | Female   |  |
| Business Info                |                        |                                  |                 |       |          |  |
| Applicant's Occup            | oation Title and/or Pr | ofession                         |                 |       | Retired  |  |
| Name of Company              | /                      |                                  |                 |       |          |  |
| Business Address             |                        |                                  |                 |       |          |  |
|                              | Street                 | City                             |                 | State | Zip Code |  |
| Business Telephor            | ne Number              | Years in P                       | resent Employme | nt    |          |  |
| Email Address                |                        |                                  |                 |       |          |  |
| Education Backgro            | ound                   |                                  |                 |       |          |  |
| Membership in Bu             | usiness, Professional, | Civic and Fraternal Organization | n               |       |          |  |
| Spouse's Occupat             | ion Title and/or Profe | ession                           |                 |       | Retired  |  |
| Name of Company              | /                      |                                  |                 |       |          |  |
| Business Address             |                        |                                  |                 |       |          |  |
|                              | Street                 | City                             |                 | State | Zip Code |  |
| Business Telephone NumberYea |                        |                                  | resent Employme | nt    |          |  |
| Email Address                |                        |                                  |                 |       |          |  |
| Education Backgro            | ound                   |                                  |                 |       |          |  |

| Membership in Business, Professional, Civic and Fraternal Organizations |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |