



Date: _____

The SUMMIT

ADVANTAGE MEMBER INFORMATION

Please Print Clearly or Type

1. Name: _____
Last *First* *Middle*

2. Address: _____
Street *City* *State* *Zip Code*

3. Telephone No: () _____ Birth Date / Place: _____
Month / Day / Year *City / State*

4. Name of Spouse: _____ Birth Date / Place: _____
Month / Day / Year *City / State*

5. Marital Status: Married Single Widowed Divorced Anniversary Date: _____
Month / Day / Year

6. Your Email Address: _____ Spouse's Email Address: _____

7. Person to notify in case of emergency: _____
Relationship to Applicant

Address: _____
Street *City* *State* *Zip Code*

Telephone No: () _____

10. What was/is your occupation? _____ Your Spouse: _____

11. What are your hobbies or interests? _____

Spouse's hobbies or interests? _____

14. Your educational background: _____ Your spouse: _____

College: _____

15. Church affiliation: _____

1400 Enterprise Drive ▪ Lynchburg, Virginia 24502 ▪ (434) 582-1500 ▪ Fax (434) 582-1510

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