



PARENTS WITHOUT PARTNERS, INC.

Membership Application, Chapter _____

First Name	M.I.	Last	FOR PWP USE ONLY International Membership Number <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> Date First Joined PWP <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Street Address		Apartment Number	
City, State/Province, Zip/Postal Code:			
Email Address		Drivers License #	ORIENTATION RECORD Date Attended _____ Orientation Leader _____ Membership Representative _____
Telephone Number	Listed	Unlisted	
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Birthdate of Applicant <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Month Day Year </div>		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	COURTESY CARD (if used) Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check Number _____
Marital Status <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Divorced Separated Widowed Never Married </div>		Number of Living Children <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
Children's Birth Dates (Youngest to oldest) <div style="display: flex; justify-content: space-around; width: 100%; font-size: x-small;"> <div style="text-align: center;"> Sex <input type="checkbox"/> M <input type="checkbox"/> F <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: x-small;"> Month Day Year </div> </div> <div style="text-align: center;"> Sex <input type="checkbox"/> M <input type="checkbox"/> F <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: x-small;"> Month Day Year </div> </div> <div style="text-align: center;"> Sex <input type="checkbox"/> M <input type="checkbox"/> F <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: x-small;"> Month Day Year </div> </div> <div style="text-align: center;"> Sex <input type="checkbox"/> M <input type="checkbox"/> F <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: x-small;"> Month Day Year </div> </div> </div>			CONVERSION Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check Number _____
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been denied or been expelled from membership in a PWP Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No			CONTROL RECORD Rcvd. Application _____ Verification Ltr. Sent _____ Verification Ltr. Rcvd. _____ On Mailing List _____ Sent To International _____ On Int'l. Printout _____
I provide the following professional reference for verification of my eligibility to be a member of PWP. Name _____ Profession _____ Address _____ City _____ State/Province _____ Zip/Postal Code _____			
<ul style="list-style-type: none"> Along with dues payment, I hereby apply for membership in the local Chapter of PWP, Inc. for one year. I affirm that I am a single parent and that the information on the application is true and correct, and that I will advise the Chapter Membership office or President of any change to my eligibility. I understand that if my eligibility changes, I will relinquish my membership card immediately to the Chapter Vice-President of Membership. I pledge adherence to the aims and purposes of Parents Without Partners, and agree to be bound by and abide by its Constitution, Bylaws, rules and regulations. I understand that my membership card is not transferable to any other person, under penalty of forfeiture of my card and membership, and the card remains the property of PWP, Inc. I authorize officials of PWP to make inquiries as to my eligibility. I understand that if I falsify any information, this shall be grounds for immediate expulsion. 			
Applicant's Signature _____ Date _____			
As a member in good standing, I sponsor this applicant and verify that he/she is eligible for membership in Parents Without Partners, Inc. I understand that knowingly falsifying this could be grounds for loss of my own membership. Sponsoring Member's Signature _____ Membership # _____ Date _____			RENEWAL DATES 01 _____ 06 _____ 02 _____ 07 _____ 03 _____ 08 _____ 04 _____ 09 _____ 05 _____ 10 _____
As Chapter Vice-President of Membership, I have accepted this application and verify that either a letter verifying the eligibility of the applicant is on file or that the sponsoring member is a member in good standing. Signature _____ Date _____			