



# CITY OF TUTTLE EMS MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: Tuttle State: OK Zip: 73089

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address if different than Physical:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Please list all immediate relatives living at your residence.

**Name and Relationship** to you

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

For City Use: Account Number: \_\_\_\_\_

May2018