

FAMILY MEMBER VERIFICATION

As a current member of Human Services ECU, I _____
would like to extend an invitation for membership to one of my immediate family
members. I am verifying that _____ is my relative and
he/she is my _____.

(Existing Member) Print

(Family Member) Print

(Existing Member) Signature

(Family Member) Signature

Daytime Phone _____

Daytime Phone _____

Fax# _____

Fax# _____

Eligible Family Members

- Spouse
- Child
- Brother/Sister
- Grandparent
- Grandchild
- Aunt/Uncle

For Department Use Only

Date received _____

Date Open _____

Received By _____

Opened By _____

Existing Member # _____

Family Member # _____

SS# _____

SS# _____