dhital
450 Broad Street, Matthews, NC 28212
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MEMBERSHIP APPLICATION

Please print clearly using a black or blue pen. Return the completed form by mail or hand-delivery. An office representative will confirm by email.

1. Choose a Membership Plan

☐ Guest (Lifetime) — Free

2. Personal Information

First Name _____ Last Name _____

Email _____ Phone (Primary) _____

Alt Email (optional) _____ Alt Phone (optional) _____

DOB — Month (1-12) _____ DOB — Day (1-31) _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Spouse Name (if married) _____

3. Mailing Address

Street Address _____

City _____ State / Province _____

ZIP / Postal Code _____ Country _____

4. Code of Conduct

By signing this application, I acknowledge that I have read and agree to abide by any organizational policies provided by the office.

5. Applicant Signature

Signature _____ Date (MM/DD/YYYY) _____

OFFICE USE ONLY

Date received: _____ Entered by: _____

Plan assigned: _____ Member ID: _____