(AM-3) CECO EMPLOYEES RECREATION ASSN., INC. **APPLICANT** QUESTIONNAIRE

NAME & ADDRESS PHONE NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR RETIRED FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE’S NAME (IF MARRIED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR UNMARRIED CHILDREN LIVING WITH YOU

Name & Age Name & Age Name & Age

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VEHICLES MUST BE REGISTERED TO YOU, YOUR SPOUSE OR YOUR UNMARRIED CHILDREN LIVING WITH YOU. PLEASE INDICATE WHICH TWO VEHICLES WILL HAVE THE TWO DECALS.

OWNER MAKE & MODEL LICENSE

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WATERCRAFT MAKE & TYPE LENGTH MAKE & MOTOR SIZE

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CAMPING EQUIPMENT MAKE & TYPE LENGTH

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UNLICENSED MOTOR VEHICLE MAKE/TYPE GAS/ELECTRIC

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