



# PARENTS WITHOUT PARTNERS, INC.

## Membership Application, Chapter \_\_\_\_\_

First Name	M.I.	Last	<b>FOR PWP USE ONLY</b> International Membership Number <div style="display: flex; justify-content: space-around; margin: 5px 0;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div> Date First Joined PWP <div style="display: flex; justify-content: space-around; margin: 5px 0;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div>
Street Address		Apartment Number	
City, State/Province, Zip/Postal Code:			
Email Address		Drivers License #	<b>ORIENTATION RECORD</b> 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>	<b>COURTESY CARD (if used)</b> Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check      Check Number _____
Birthdate of Applicant <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		Sex:    Male    Female <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Marital Status <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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; margin-top: 5px;"> <span>Divorced</span> <span>Separated</span> <span>Widowed</span> <span>Never Married</span> </div>		Number of Living Children <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div>	<b>CONVERSION</b> Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check      Check Number _____
Children's Birth Dates (Youngest to oldest) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;">           Sex <input type="checkbox"/> M <input type="checkbox"/> F  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> </div> <div style="width: 20%;">           Sex <input type="checkbox"/> M <input type="checkbox"/> F  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> </div> <div style="width: 20%;">           Sex <input type="checkbox"/> M <input type="checkbox"/> F  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> </div> <div style="width: 20%;">           Sex <input type="checkbox"/> M <input type="checkbox"/> F  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> </div> </div>			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>CONTROL RECORD</b> Revd. Application _____ Verification Ltr. Sent _____ Verification Ltr. Rcvd. _____ On Mailing List _____ Sent To International _____ On Int'l. Printout _____
Have you ever been denied or been expelled from membership in a PWP Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 _____			
Applicant's Signature _____ Date _____			
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.			<b>RENEWAL DATES</b> 01 _____ 06 _____ 02 _____ 07 _____ 03 _____ 08 _____ 04 _____ 09 _____ 05 _____ 10 _____
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 _____			
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 _____			