

REOCCURRING
MEMBERSHIP
APPLICATION



CLIENT INFORMATION

FIRST NAME:					
LAST NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
CROSS STREETS:					
GATED COMMUNITY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GATE CODE:		
EMAIL:					
PHONE:			CELL PHONE:		
SPOUSE NAME:	SPOUSE PHONE:				

CHILDREN INFORMATION

CHILD'S NAME:	BIRTHDATE:	AGE:

DO ANY OF YOUR CHILDREN REQUIRE SPECIAL CARE? NO YES *PLEASE SPECIFY:*

DO YOU OR YOUR CHILDREN HAVE ALLERGIES? NO YES *PLEASE SPECIFY:*

DO YOU HAVE ANY INDOOR PETS? NO YES *PLEASE SPECIFY:*

I wish to use Nanny's & Granny's Reoccurring Membership for my sitter needs. I understand that I will book all reservations through the agency and that the annual fee and booking fee must be paid in full and a signed contract must be received before I am eligible to receive these reduced rates.
I agreed to the above statement

SIGNATURE: _____ DATE: _____