

FREEPORT

Taz Riot Prime Minister https://freeport.town Apply@Freeport.town

Membership Application

Full Legal Name:				
Address:				
City, State, Zip:				
Email:	Ph	one Number:		
Gender/Sex: ☐ Male ☐ Female	☐ Other Mai	rital Status:		
Household Members:				
Full Name:	Gender/S	Sex: Age:	Date of Birth:	Relation:
I, the undersigned, hereby apply Acceptance of Membership Co I have reviewed, understood, and provided by Freeport. I acknowle that I am committed to fulfilling	ontract: I hereby accept edge that this m	the terms and o	conditions of the r	nembership contract
Adherence to Laws, Regulation I agree to comply with all laws, amendments. I understand that famembership contract.	regulations, and	policies of Fre		
By signing below, I confirm that old and agree to abide by all the			bership contract, l	I am at least 18 years
Date:				
X		X		
Applicant Signature	-	——— Dart	ner/Snouse (If Anv)	