S.A.L.T. MEMBERSHIP APPLICATION

MEMBER INFORMATION		
Name:		
Date of birth:	**Phone:**	
Current address:		
City:	**State:**	**ZIP Code:**
Email:	**What is the best way to contact you? (circle one)** **Phone Email U.S. Mail**	

EMERGENCY CONTACT		
Name of a relative or friend not residing with you:		
Address:		**Phone:**
City:	**State:**	**ZIP Code:**
Relationship:		

INTERESTS
What topics would you be interested in learning more about?