



30 Echo Lake ~ Watertown, CT 06795 ~ (203) 450-4247
 contact.cthackerspace@gmail.com

I am aware that electronically signed copies are as binding as signed paper forms

Personal Information			
First Name	M.I.	Last Name	Date of Birth MM/DD/YYYY
Address 1			
Address 2			
City	State	Zip Code	
Primary Phone ()	Work/Home/Cell	Primary Email	
Alternate Phone ()	Work/Home/Cell	Alternate Email (Optional)	

Emergency Contact			<input type="checkbox"/> Contact is Parent or Guardian of Member
First Name	M.I.	Last Name	Date of Birth MM/DD/YYYY
Address 1			
Address 2			
City	State	Zip Code	
Primary Phone ()	Work/Home/Cell	Primary Email	
Alternate Phone ()	Work/Home/Cell	Alternate Email (Optional)	

Additional Information	
Reference	
How did you hear about the CT Hackerspace?	

Membership Type (Select One)	
<input type="checkbox"/> Regular Member — \$95/month	
<input type="checkbox"/> Youth Member — \$47.50/month	
<input type="checkbox"/> Starving Hacker — Contact board for details and responsibilities	

Payment Type (Due 1st of every month)	
<input type="checkbox"/> Auto-Pay — Set up a recurring payment through PayPal to info@cthackerspace.com	
<input type="checkbox"/> Bulk-Pay — Pay () months at a time	
<input type="checkbox"/> Pay In Person — Deposit Check or Money Order into the box at the Hackerspace. Make check payable to: CT Hackerspace, Inc 30 Echo Lake Road Watertown, CT 06795	

Signatures	
Applicant Signature	Date MM/DD/YYYY
Parent/Guardian Signature (If Applicant is under 18)	Date MM/DD/YYYY

For Administrative Purposes Only	
Member Account Number	Root Account Number
Board of Director Approval	
Board of Director Signature	Date MM/DD/YYYY