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 (0	Optional)		
Emergency Contact		☐ Contact is	Parent or Guar	dian of Member	
Emergency Contact First Name	M.I.	☐ Contact is  Last Name	Parent or Guar	Date of Birth MM/DD/YYYY	
	M.I.		Parent or Guar	Date of Birth	
First Name	M.I.		Parent or Guar	Date of Birth	
First Name  Address 1	M.I. State		Parent or Guard	Date of Birth	
First Name  Address 1  Address 2				Date of Birth	

Additional Information				
Reference				
How did you hear about the CT Hackerspace?				
Membership Type (Select One)				
☐ Regular Member — \$95/month				
☐ Youth Member — \$47.50/month				
Payment Type (Due 1st of every month)				
☐ Auto-Pay — Set up a recurring payment through PayPal to info@cthackerspace.com				
□ Bulk-Pay — Pay ( ) months at a time				
<ul> <li>□ Pay In Person — Deposit Check or Money Make check payable to:</li> <li>□ CT Hackerspace, Inc</li> <li>30 Echo Lake Road</li> <li>Watertown, CT 06795</li> </ul>	y Order into the box at the Had	ckerspace.		
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		