

JK ENTERTAINMENT GAME / UMD MOVIE RENTAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email address:

Date of Birth:

Identification Provided ID / DP #:

EMERGENCY CONTACT

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

OTHER AUTHORIZED/JOINT RENTERS

Name:

Name:

SIGNATURES

I authorize the verification of the information provided on this form is correct and I accept the Terms and Condition Stated on the **Terms and Conditions** Form.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership):*

Date: