

AITON FAMILY MEMBERS INFORMATION FORM

BENEFICIALLY / APPLICANT'S INFORMATION

Last Name:	First Name:	Middle Initial:
Current Address:		City:
State/Province:	Zip /postal Code:	
E-Mail Address:		Cell Phone#:
YOUR PARENTS' INFORMATION (NO STEP PARENTS)		
Names:	Living/Deceased:	Phone #:
Mother:		
Father:		
Your Spouse's Name:		Phone #:
YOUR CHILDREN'S INFORMATION (NO STEP CHILDREN)		
1)	5)	
2)	6)	
3)	7)	
4)	8)	
YOUR LIVING SIBLINGS INFORMATION (NO STEP SIBLINGS)		
1)	6)	
2)	7)	
3)	8)	
4)	9)	
5)	10)	

YOU THE APPLICANT WERE REFERRED BY:		
LAST NAME	FIRST NAME	MEMBER PHONE NUMBER
BENEFICIARY / APPLICANT'S COUNTRY INFORMATION		
COUNTRY	STATE / PROVINCE	
ATTESTATION AND SIGNATURE		
<p>I, (<i>Member Name</i>) on this (<i>Date</i>) do acknowledge that I have received, read, and understood the 'Available In Times Of Need' by-laws, and without reservation or prejudice agree to adhere to all of them.</p> <p>Signature of Applicant:</p>		