



Multimedia Resources and Training Institute (MMRTI)

808 Fir St. Unit 135 Seattle, WA 98104 www.mmrtiseattle.org

Membership Form

Date ____/____/____

Name (please print clearly)

Last _____ First _____ MI _____

Address _____ Apt # _____

City and State _____ Zip Code _____

Birth Date: ____/____/____ Gender: M ____ F ____

Do you have school-aged children (5-18) in the home? Yes ____ No ____ if the answer is yes

How many children _____

Demographic Information:

What is your Racial/Ethnic Background?

African American	_____
Somalian	_____
Ethiopian	_____
Eritrean	_____
Vietnamese	_____
Caucasian	_____
Other	_____

Billing Contact Information:

First Name _____

Way of Payment: Cash _____

Check _____

Last Name _____

Phone _____

For Office Use only

Member ID _____

Membership Expiration date _____

Payment Due Date ____/____/____