

Southeastern Massachusetts Time Exchange

APPLICATION FOR MEMBERSHIP

First Name: _____ Last Name: _____

Birth date: __/__/__ Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Member Type: Individual Organization Business

Email: _____

Home phone: _____

Cellphone: _____

Do you need an online partner? Yes _____ No _____

Please tell us a bit about yourself for your profile—hobbies, interests, family, background, languages. This will be seen by the members of the Time Exchange only.

I understand that I must make an appointment for an orientation within three weeks of this application and complete an orientation within six weeks of this application. I understand that failure to do so, or to contact the Administrators if unable, will result in a need to reapply to the Time Exchange, should I wish to do so. I understand that my orientation process will include posting my Offers on the website, and that my membership will not be activated until I complete the orientation process.

SIGNATURE _____

DATE: _____