



Neighbors driving neighbors

SMiles Membership Application

Name		Date of Birth	
Address		City	Zip
Marital Status	Gender	Veteran/Spouse: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethnicity		Living Alone <input type="checkbox"/>	
Handicap Vehicle Placard		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I use Cane <input type="checkbox"/> Walker <input type="checkbox"/> Oxygen <input type="checkbox"/>			
Home Phone		Cell	
Email			
Payment: Check enclosed <input type="checkbox"/> Credit Card <input type="checkbox"/> Type			
# _____ - _____ - _____ - _____		Expiration Date	
Security Code	Name as it appears on card		
Amount	Signature		
Level of Assistance You Will Require:			
Low Profile/Curb-Level Vehicle		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assistance Getting Into Taller Vehicles		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> In-the-Door	<input type="checkbox"/> To-the-Door	<input type="checkbox"/> Curb-to-Curb	<input type="checkbox"/> Escort
Emergency Contact Information			
Name		Relationship	
Address			
Cell		Email	
Name		Relationship	
Address			
Cell		Email	
Office Use Only			
Application Received Date:		Membership Paid: <input type="checkbox"/> Date:	
No. of Rides Purchased:	Date:	Amount:	Check No.:
Data entered by:		Date:	<input type="checkbox"/> Subsidized <input type="checkbox"/> Area:
Approved by:		Date:	

Return this application and signed copies of Forms 1 & 2 with your check or credit card payment for \$49 to SMiles, 3509 Tuckaleechee Pike, Maryville 37803. Questions? Call 865-724-1331. We look forward to serving you!