



Neighbors driving neighbors

SMiles Membership Application

Name			
Address		City	Zip
Home Phone		Cell	
Email			
Date of Birth	Gender	Veteran/Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status		Ethnicity	
Living Alone <input type="checkbox"/>	Handicap Vehicle Placard		<input type="checkbox"/> Yes <input type="checkbox"/> No
I use Cane <input type="checkbox"/>	Walker <input type="checkbox"/>	Oxygen <input type="checkbox"/>	
Payment Information <input type="checkbox"/> Check enclosed <input type="checkbox"/> Credit Card			
<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> Other #	____-____-____-____ Expiration Date
Security Code		Name as it appears on card	
Amount		Signature	
Level of Assistance You Will Require			
<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!