



**APPLICATION FOR PARTICIPATION IN ECE**

Name \_\_\_\_\_  
First (print) Middle Last (print)

D.O.B (MM/DD/YYYY) \_\_\_\_\_

Marital status: Married Single (circle that applies to you).

Permanent Address in DFW: \_\_\_\_\_  
\_\_\_\_\_

Tel. \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Name living with you Date of Birth Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Representative & address \_\_\_\_\_

Tel # \_\_\_\_\_

I hereby apply for membership and agree to fully adhere to the Regulations of ECE as stated therein. As a member, I fully agree and abide by the rules and obligations of EDIR in DFW, Texas. I also certify that the information provided above is true and correct.

\_\_\_\_\_  
Name of the Applicant (PRINT)

Signature of the Applicant Date

Office use: accepted on / /	Name _____	Sig _____
Waiting period ends on: / /	Assigned ID Number _____	

You can apply as a **family** (husband & wife, children under 18 or up to 23 for full-time student) or as a **single parent** (father or mother with children under 18 & up to 23 for full-time student) or as a **single individual**.

**Requirements:** Completed application, payment, a copy of identification papers and legal residency in DFW are mandatory requirements to be a participant. Waiting period as per the regulation begins **only** when required payments and documents are duly submitted to the EDIR office and accepted.

NO REFUND!