



# Camp Robinson / Camp Pike Community Council



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## Application Member's Biographical Data

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Spouses Names: \_\_\_\_\_ Home/Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date & Place of Birth: \_\_\_\_\_

Driver's License # / State / Exp. Date: \_\_\_\_\_

Education: \_\_\_\_\_

Elected Offices Held: \_\_\_\_\_

Civic Affiliations: \_\_\_\_\_

Military Background: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

(Community Council Member)

✓ Annual Membership Dues: \$100.00

✓ After your acceptance by the Community Council you will obtain an ID card.

✓ Please submit application to:

Camp Robinson / Camp Pike Community Council

P.O. Box 5288

North Little Rock, AR 72119-5288