NOTICE OF ENROLLMENT

P.O. Box 47600
Olympia, WA 98504-7600
(360) 407-7248
(360) 407-7038
Fax (360) 407-7162

Name:_____ **SS#**_____
Last **First** **Middle**

Mailing Address:_____

City:_____ **State:**_____ **Zip:**_____

Telephone Number:_____

Date of Birth: (mo/day/year)_____

Sex: □ **Male** □ **Female**

Corpsmember Signature: _____ **Date:**_____

OFFICE USE ONLY

CORPSMEMBER START DATE: _____

CITY & COUNTY: _____
WORK LOCATION

WORK SCHEDULE: _____

SUPERVISOR SIGNATURE: _____ **Date:**_____