



MILWAUKEE CO CLTS MEMBER DEMOGRAPHIC FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Please submit the completed form to **Premier Financial Management Services (Premier FMS)** via one of the following options below:

Mail:
PO Box 26001
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
MilwCoCLTS@premier-fms.com

Fax:
1-888-674-9922

MEMBER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____

GUARDIAN INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____