



Primary Member Information

Primary Member refers to individual tasked with billing and mailing

PRIMARY MEMBER

Primary Member Name: FIRST / MIDDLE INITIAL / LAST

STREET ADDRESS / CITY / STATE / ZIP CODE

HOME PHONE / MOBILE PHONE

DATE OF BIRTH / EMAIL

EMERGENCY CONTACT: NAME / PHONE NUMBER / RELATIONSHIP

Interested in Volunteering YES NO | What area(s) and what skills are you willing to share?

Primary Member Signature

Date

DEMOGRAPHICS FOR GRANTS AND FUNDING

Homeowner YES NO

Live Alone YES NO

Marital Status MARRIED SINGLE WIDOWED DIVORCED

Current / Previous Occupation

Employer _____ Retired YES NO

Ethnicity (if you select Hispanic, you must still select a race)

Hispanic / Latino / Spanish NOT Hispanic / Latino / Spanish

Race White African American Asian Multiracial

Special Needs / Mobility Issues

Hearing Physical Disability Emotional Impairment

Speech Developmental Disability Mobility; cane, walker, wheelchair

Vision Chronic Health Condition **Handicapped Parking Permit** YES NO



Secondary Member Information

PRIMARY MEMBER

Secondary Member Name: FIRST / MIDDLE INITIAL / LAST

STREET ADDRESS / CITY / STATE / ZIP CODE

HOME PHONE / MOBILE PHONE

DATE OF BIRTH / EMAIL

EMERGENCY CONTACT: NAME / PHONE NUMBER / RELATIONSHIP

Interested in Volunteering YES NO | What area(s) and what skills are you willing to share?

Secondary Member Signature _____ Date _____

DEMOGRAPHICS FOR GRANTS AND FUNDING

Homeowner YES NO **Live Alone** YES NO

Marital Status MARRIED SINGLE WIDOWED DIVORCED

Current / Previous Occupation _____

Employer _____ **Retired** YES NO

Ethnicity (if you select Hispanic, you must still select a race)
 Hispanic / Latino / Spanish **NOT** Hispanic / Latino / Spanish

Race White African American Asian Multiracial

Special Needs / Mobility Issues

- Hearing Physical Disability Emotional Impairment
- Speech Developmental Disability Mobility; cane, walker, wheelchair
- Vision Chronic Health Condition **Handicapped Parking Permit** YES NO