



8151 15th Ave. Hyattsville, MD 20783
Tel: (301) 431-4185 Fax: (301) 408-4123



Membership Form

Membership Fee <input type="checkbox"/> Join CASA & CASA in Action \$35 <input type="checkbox"/> Replacement or Loss \$10 <input type="checkbox"/> Membership + Photo ID \$35 + \$5		Payment Method <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	Member # M
Name (First, MI, Last)		Birthdate (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify):
Address		City	
State	Zip Code	Telephone Number (including area code)	
Email Address		Country of Origin	Ethnic Origin <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
What year did you enter the U.S.?	How many people are in your family?	Race <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian AND White <input type="checkbox"/> American Indian or Alaskan Native AND White <input type="checkbox"/> Asian AND Black or African American <input type="checkbox"/> American Indian or Alaskan Native AND Black or African American <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> I choose not to report	
Are you the head of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Income \$		
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I wish not to answer			
Emergency Contact Name			
Emergency Contact Telephone Number		Language Spoken at Home	English Level <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Membership Photo ID

Document Presented ID from Country of Origin Driver's License Passport
 Birth Certificate State-Issued ID Card U.S. Immigration Document

IMPORTANT NOTE: Prospective Member without ID MUST present Birth Certificate and bring a witness to verify his/her identity. Witness MUST present a valid ID issued by a State Government.

Witness Full Name	Witness Telephone Number
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Document Presented by Witness ID from Country of Origin Driver's License Passport

Service(s) Desired

<input type="checkbox"/> Employment	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Parental and Community Engagement
<input type="checkbox"/> English and Adult Learning	<input type="checkbox"/> Health Services	<input type="checkbox"/> Financial Education/Taxes	<input type="checkbox"/> Organizing Campaigns
<input type="checkbox"/> Legal Services	<input type="checkbox"/> General Social Services	<input type="checkbox"/> Schools	<input type="checkbox"/> Photo ID

By signing up for CASA de MD/VA/In Action membership you are agreeing to be contacted. To opt-out of communications please check (x) which form: Hard Mail Email Text.

We offer a joint membership to CASA and CASA in Action for \$35. Members can elect to join only CASA or only Casa in Action: I want to join only CASA \$22.40 I want to join only CASA in Action \$12.60.