



8151 15th Ave. Hyattsville, MD 20783  
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# Membership Form

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

<b>Witness Full Name</b>	<b>Witness Telephone Number</b>
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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.

**Signature of Member/Preparer:** \_\_\_\_\_ **Date:** \_\_\_\_\_