



P.O. Box 126 Lanham, MD 20703
Tel: (443) 494-923

Membership Form

Membership Fee <input type="checkbox"/> Join C&J & BAC in Action \$35		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	
Are you the head of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		Weekly Income \$		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND White <input type="checkbox"/> Asian AND Black or African American <input type="checkbox"/> Black or African American <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian or Alaskan Native AND White <input type="checkbox"/> American Indian or Alaskan Native AND Black or African American <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> I choose not to report	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I wish not to answer					
Emergency Contact Name			Language Spoken at Home		
Emergency Contact Telephone Number			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
--------------------------	---------------------------------

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 C&J Migrant Solutions 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 C&J and BAC for \$35. Members can elect to join only C&J or only BAC: I want to join only C&J \$30 I want to join only BAC \$25

Signature of Member/Preparer: _____ **Date:** _____

