



## 2018-2019 Membership Form

**Please fill out and mail back to CASI (1035 West Kimberly Road, Davenport, IA 52806) -or- drop off form at the CASI Front Desk Monday through Friday 8:00am to 5:00pm.**

<b>Personal Information (please print)</b>				
First Name	Nickname (If preferred)	Last Name		
Street Address		City	State	Zip
County		Have you moved in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone Number		Cell Phone Number		
Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Email Address (We send out periodic emails to tell you all about what is going on at CASI)				
<b>Demographics</b>				
Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Other _____			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
<b>Emergency Contact Information</b>				
Emergency Contact Name		Relationship		
Primary Phone Number		Secondary Phone Number		
<b>Additional Information</b>				
Members Status: <input type="checkbox"/> Current Member <input type="checkbox"/> I'm new, I found out about CASI from (Please circle one): Website TV Friend Facebook Newsletter Other _____				
<b>Volunteer Information</b>				
<input type="checkbox"/> Yes, I am interested in volunteering at CASI! Please send me some available volunteer opportunities.				



