



Household Membership App

What type of membership are you applying for today?

Date: _____

- Green Card (Low Income) Yellow Card

Are you a new or renewing member? New Renewing (Member ID: kccg_____)

Primary Contact Info:

First Name:

Last Name:

Personal Email:

Phone:

Birthdate:

Race:

- White Black/African American Asian American Indian/Alaskan Native Asian and White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White
 Black/African American & White American Indian/Alaskan Native & Black
 Other Multiracial Unknown/Not declared

Gender

Hispanic

M F Y N

Where do you garden?

Location of Garden (check all that apply)

- Backyard A Vacant Lot Community Partner Garden A KCCG Managed Garden

Home/Mailing Address

Street Address

City

State

Zip Code

Household Phone #

Garden Tilling

Who tills your garden?

- KCCG tills our garden We till the garden with our own tiller We rent a tiller from KCCG
 We hire someone to till We do not till

Membership Questions

Do other family members participate in the garden?

Yes

Does anyone working in your garden have disabilities?

Yes

Were you a member last year?

Yes

Did you harvest and eat produce from your garden last year?

Yes

Did you eat more serving of vegetables and fruits because of your garden?

Yes

Does gardening help you stay more physically fit?

Yes

Would you prefer an E-newsletter vs. paper?

Yes

Would you prefer outreach materials in Spanish?

Yes

How did you hear about Kansas City Community Gardens?

- I have been a member before Friend, relative or neighbor Library Service Organization
 Television or Radio Newspaper Other

Add Household Members

(required for all green card memberships)



Primary Household Member

Name	Age	Income Source	Monthly \$\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race (options listed above):	Gender	Relationship to Card Holder	Hispanic <input type="checkbox"/>
<input type="text"/>	M F	<input type="text"/>	Disabled <input type="checkbox"/>

Household Member

Name	Age	Income Source	Monthly \$\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race (options listed above):	Gender	Relationship to Card Holder	Hispanic <input type="checkbox"/>
<input type="text"/>	M F	<input type="text"/>	Disabled <input type="checkbox"/>

Household Member

Name	Age	Income Source	Monthly \$\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race (options listed above):	Gender	Relationship to Card Holder	Hispanic <input type="checkbox"/>
<input type="text"/>	M F	<input type="text"/>	Disabled <input type="checkbox"/>

Household Member

Name	Age	Income Source	Monthly \$\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race (options listed above):	Gender	Relationship to Card Holder	Hispanic <input type="checkbox"/>
<input type="text"/>	M F	<input type="text"/>	Disabled <input type="checkbox"/>

Total Household Members

Total Monthly Household Income

Total Annual Household Income

I certify that the above information is an accurate and complete disclosure of the requested information. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application. I authorize this agency, their agents and/or employees to receive or provide information for the purposes of completing the application and hereby release the foregoing of and from any liability for services rendered.

Signature

Interviewer