



# Household Membership Application

## What type of membership are you applying for today?

- Green Card (Low Income)       Yellow Card       Blue 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 members)

## 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 M   F	Relationship to Card Holder	Hispanic <input type="checkbox"/> Disabled <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	

## Household Member

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

## Household Member

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

## Household Member

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

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