C.A.S.E. CITIZENS ADVOCATING FOR SOCIAL EQUITY

Membership Application Name ______ Age _____ Address _____ City ____ State__ Zip __ Main Phone _____ Other Phone ____ May we leave a message at the main phone? \square Yes \square No Other phone? \square Yes \square No Do you give permission to contact you by email? \square Yes \square No My email address is: US Citizen? ☐ Yes ☐ No Legal Immigrant ☐ Yes ☐ No Migrant Worker? ☐ Yes ☐ No Other _____ Preferred Language: ☐ English ☐ Spanish Religious/ Spiritual Belief Race/ Ethnicity ☐ Agnostic ☐ American Indian / Alaskan Native ☐ Atheist ☐ Asian ☐ Buddhist ☐ Black/ African American ☐ Catholic ☐ Caucasian / European / White ☐ Evangelical ☐ Hawaiian / Pacific Islander ☐ Lutheran ☐ Multi-racial ☐ Mormon ☐ Hispanic/Latino ☐ Muslim ☐ Non-Hispanic ☐ Nondenominational ☐ Unknown ☐ Pentecostal ☐ I do not wish to report Other: **Sexual Orientation** ☐ Straight / Heterosexual **Marital Status** ☐ Bisexual ☐ Single ☐ Gay/ Lesbian ☐ Married ☐ Other: ☐ Divorced □ Partnered Gender ☐ Male ☐ Female ☐ Transgender

☐ Public Relations☐ Compliance☐ Social Action☐ Organizers

☐ Alliance Building ☐ Communication ☐ Social Campaigns ☐ Programs/Services

Area(s) of Interest

Committees: ☐ Membership

☐ Fundraising

☐ Other:

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