

# 2020 - 2021 West Allis Senior Center Membership Application Form

Please complete this form and mail it in with your check payable to "City of West Allis". Enclose a self-addressed stamped envelope to have your membership card mailed to you. Otherwise, your new card will be available for pick up at the West Allis Senior Center, 7001 W. National Avenue, West Allis, WI 53214. Please allow one to two weeks for processing.

**For Office Use Only:**  New or  Renewal  \$20 Resident (West Allis/West Milwaukee)  \$25 Non-Resident  
 Check # \_\_\_\_\_ or  Cash \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff/Volunteer Initials: \_\_\_\_\_  
 Comp/Int. \_\_\_\_\_  Card/Int. \_\_\_\_\_  File/Int. \_\_\_\_\_  MSC Card \_\_\_\_\_  Other: \_\_\_\_\_

Please PRINT: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Senior Housing Complex name (if applicable): \_\_\_\_\_

Phone(s): \_\_\_\_\_  Male  Female

Email Address: \_\_\_\_\_ Email Program/Event Info:  Yes  No

Veteran/Branch: \_\_\_\_\_ Medical/Allergies/etc.: \_\_\_\_\_

In Case of Emergency (ICE), Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

ICE Phone Number: \_\_\_\_\_ ICE Full Address: \_\_\_\_\_

**I acknowledge receipt of the West Allis Senior Center's Code of Conduct. Membership expires 1 year from application date.**

**Information below is required for Federal Grant/Community Development Block Grant purposes only.**

**Category: (Please mark one)**

- |   |  |
|---|--|
| <input type="checkbox"/> White (Non-Hispanic)<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Asian & White<br><input type="checkbox"/> Asian & Pacific Islander<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> American Indian/Alaskan & Black/African<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Hispanic |
|---|--|

**Citizenship:** Are you a U.S. Citizen:  Yes  No

**Gender and Head of Household Status:** (see below)

- Female  (Head of Household: unmarried or widow paying over 50% of household expenses)  
 Male  (Head of Household: unmarried or widower paying over 50% of household expenses)

**Family Size and Income Levels: (Please mark one).** Below is a chart listing various income levels

Instructions:	Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
1. Find your family size along the top of each column.  2. Search down that column for the lowest income amount, which exceeds your family income and <u>circle</u> that amount.	30% of Median ≤	17,650	20,150	22,650	26,200	30,680	35,160	39,640	44,120
	Very Low-Income	29,350	33,550	37,750	41,900	45,300	48,650	52,000	55,350
	Low-Income	46,950	53,650	60,350	67,050	72,450	77,800	83,150	88,550
	Exceeds Indicated Income Levels	46,950+	53,650+	60,350+	67,050+	72,450+	77,800+	83,150+	88,550+