



1355 E Street, SE  
Washington, DC 20003  
(202)543-1778  
info@capitolhillvillage.org

## **Membership Application**

**Membership Type:** Regular   Membership Plus   Urgent   Subsidized

<b>CONTACT &amp; DEMOGRAPHIC INFORMATION:</b>	
<b>First Name:</b>	<b>Last Name:</b>
<b>Date of Birth</b> (mm/dd/yyyy):	
<b>Address:</b>	<b>Zip:</b>
<b>Home Phone:</b> <input type="checkbox"/> Preferred	<b>Cell Phone:</b> <input type="checkbox"/> Preferred
<b>Email Address:</b>	<b>Do you regularly check email:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>How would you like to receive Newsletter/weekly emails:</b> <input type="checkbox"/> Email <input type="checkbox"/> Paper <input type="checkbox"/> Both	

<b>BASIC INFORMATION:</b>	
<b>Gender Identity:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer to Self-Identify _____ <input type="checkbox"/> Prefer not to answer	<b>Do you identify as a member of the LGBTQ community?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <b>Pronouns (eg., she/he/they)</b> _____
<b>What is your race/ethnicity (Please select all that apply):</b> African American/Black   Asian   Hispanic/Latino/a Euro-American/ White   Native American/Pacific Islander Other (Please answer): _____   Prefer not to specify	
<b>Marital Status:</b> Single   Married/Partnered   Divorced   Widowed Other   Prefer not to answer	
<b>Home Style:</b> Apartment/ Condo   Single	<b>Years you have lived on Capitol Hill:</b>

<b>SPECIAL NEEDS/ HEALTH INFORMATION:</b>			
<b>Special Needs:</b> Wheelchair    Mobility Device    Hearing Impaired    Low Vision    Service Animals    Problems with Stairs    Use Companion Support			
<b>Home Accessibility Challenges:</b> Stairs    Bathroom    Other:			<b>Do you Drive:</b> Yes    No
<b>Primary Care Doctor:</b>		<b>Insurance:</b>	
<b>Hospital in Case of Emergency:</b>			
<b>Health Care Directives:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name:</b>		<b>Advanced Power of Attorney:</b> Yes    No <b>Name:</b>	
<b>EMERGENCY CONTACT INFORMATION:</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Relationship to the Applicant:</b>		<b>Email Address:</b>	
<b>Address:</b>		<b>City/State:</b>	<b>Zip:</b>
<b>Phone Number:</b>		<b>Do they have a key to the house?</b> Yes    No	

<b>TELL US A LITTLE MORE ABOUT YOUR SKILLS AND INTERESTS:</b>

**What are your primary interests in joining the Village?** (check all that apply)

- Make new connections/friends
- Preparing for retirement
- Attend social, wellness, and educational events
- Volunteer opportunities

- Network of volunteer helpers
- Case management & referral services
- Interested in supporting CHV financially