



901 Clinic Dr, Suite A-109, Euless, TX 76039
817-399-0505

MEMBERSHIP APPLICATION AND REGISTRATION FOR SOCIAL ACTIVITIES

*Annual dues are \$15.00 for an individual and \$20.00 for a family or business.
The membership year is from January 1 through December 31.*

| | | | |
|------------------------------|----------------------------------|-----------------------------------|-------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Business | Date: |
|------------------------------|----------------------------------|-----------------------------------|-------|

| MEMBER INFORMATION | |
|---|--------------------------------|
| **To assist us, please complete this section regarding the family member with special needs. | |
| Name | |
| Nickname | Date of Birth |
| Street Address | |
| City | State Zip |
| Member Home Phone | |
| Member Cell Phone | |
| Member Email | |

| PARENT OR GUARDIAN INFORMATION (IF APPLICABLE) | | |
|--|--------------------|--------------------|
| | PARENT OR GUARDIAN | PARENT OR GUARDIAN |
| Name | | |
| Address if Different | | |
| Home Phone | | |
| Cell Phone | | |
| Work Phone | | |
| Email | | |

| OTHER FAMILY MEMBERS REGISTERING | |
|----------------------------------|--------------|
| Name | Relationship |
| Name | Relationship |
| Name | Relationship |
| Name | Relationship |
| Name | Relationship |

Your signature indicates your desire to become a paid member and to have the names on this form added to the membership roster of North Texas SNAP, Inc. Names will be listed in the North Texas SNAP, Inc. phone directory distributed to each member.

| | |
|------------------------------|------|
| Signature of Participant | Date |
| Signature of Parent/Guardian | Date |

(OVER→)

SOCIAL/RECREATION ACTIVITIES

Check all the activities in which you would like to participate:

| | | |
|----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Movies | <input type="checkbox"/> Other Ideas? |
| <input type="checkbox"/> Dances | <input type="checkbox"/> Supper Club | |

EMERGENCY TREATMENT RELEASE: I authorize the person in charge to seek and obtain on my behalf emergency medical treatment. I also authorize transportation to the nearest medical facility in the event it should become necessary.

| | |
|-------------------------------------|-------------|
| Signature of Participant | Date |
| Signature of Parent/Guardian | Date |

I hereby give my permission for the use of photographs or videos of myself and my family members to be used for the purposes of promoting or representing North Texas SNAP, Inc. I do, however understand that an effort will be made to contact me at the number given above prior to its use.

| | |
|-------------------------------------|-------------|
| Signature of Participant | Date |
| Signature of Parent/Guardian | Date |

TRANSPORTATION

I hereby give my permission to North Texas SNAP, Inc. to share my contact information with other members of North Texas SNAP, Inc. for the purpose of carpooling or seeking other means of transportation for North Texas SNAP, Inc. members.

| | |
|-------------------------------------|-------------|
| Signature of Participant | Date |
| Signature of Parent/Guardian | Date |

Please mail your application to:

North Texas SNAP, Inc.
P. O. Box 3294
Grapevine, TX 76099

Visit our website:
www.ntxsnap.org

| PARENT OR GUARDIAN | |
|---|---------------------------------------|
| I am interested in serving on the following committee(s): | |
| <input type="checkbox"/> | Fundraising/Revenue Development |
| <input type="checkbox"/> | Housing |
| <input type="checkbox"/> | Independent Living/Employment |
| <input type="checkbox"/> | Member Recruitment/Social Activities |
| <input type="checkbox"/> | Promotion & Communication |
| <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | I am unable to volunteer at this time |

| Date Paid | Amount | Check No./Cash |
|-----------|--------|----------------|
| | | |