

# Membership Application

Live • Work • Learn



Urban League of  
Greater Madison

## CONTACT INFORMATION

Last Name		E-mail:	
First Name	M.I.	Facebook user name:	
Home address		Unit#	Cell Phone: Text <input type="checkbox"/>
City, State	Zip Code	County	Alternate phone:

## DEMOGRAPHICS

**Date of Birth:**    Month / Day / Year    Age \_\_\_\_\_    **Gender** select one    Male    Female    Other

**Social Security Number**    -    -    **Are you a U.S. Veteran?**    Y    N

**Race/Ethnicity** Check all that apply  
 Black/African American     White/Caucasian     Hispanic/Latino/Spanish Origin     Asian/East Indian  
 Native Hawaiian or Other Pacific Islander     American Indian or Alaska Native     Other \_\_\_\_\_

**Marital Status:**     Single/Never Married     Married     Separated     Divorced     Widowed

Do you receive FoodShare/do you have a Wisconsin Quest card?    Y    N    Do you receive W2?    Y    N  
Are you enrolled in FoodShare Employment Training (FSET)?    Y    N    If yes, caseworker name \_\_\_\_\_

How many dependent children do you have? \_\_\_\_\_    Are you a single parent with primary placement?    Y    N  
How many attend school in Dane County? \_\_\_\_\_    Total number of people living in your household: \_\_\_\_\_  
Adults + Children

**Highest level of education completed:**     8<sup>th</sup> Grade or less     Some High School     High School Diploma or GED     Some College  
 Technical Degree     Associate's Degree     Baccalaureate Degree     Master's Degree     PhD

Identify your **household's yearly gross income** (before taxes)<sup>1</sup>  
 \$0 - \$10,000     \$10,001 - \$20,000     \$20,001 - \$30,000     \$30,001 - \$40,000     \$40,001 and over

Is this your first application for membership to the Urban League of Greater Madison?    Y    N

What Urban League programs or services interest you? \_\_\_\_\_

Please list any special skills, training, certifications, or proficiencies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a current résumé and recent cover letter – or –  
use the form below to provide information on your two most recent employers.

	CURRENT OR MOST RECENT		PRIOR	
Employer Name				
Employer Address				
Telephone		Full time <input type="checkbox"/> Part time <input type="checkbox"/>		Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Immediate Supervisor				
Dates of Employment	From	To	From	To
Position/Job Title				
Primary Duties				
Reason for Leaving				
May We Contact?	YES NO	Hourly pay \$	YES NO	Hourly pay \$

**I have completed this Application for Membership accurately and to the best of my ability. I understand that inaccurate or misleading answers may delay or forestall my membership and access to services.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Member name** \_\_\_\_\_

**Follow up/date:**  e-mail \_\_\_\_\_  phone \_\_\_\_\_  U.S. mail \_\_\_\_\_

**Services**  FSET  SDF  FFTT/START  Foundations  Customer Service  CLASS  IT  HATP  
 Bronze  Other \_\_\_\_\_

**Need**  Résumé  Cover letter Current income \$ \_\_\_\_\_ **Status**  Unemployed  Employed, seeking new/better

**Job preference:**  Full time  Part time \_\_\_\_\_

**Barriers** \_\_\_\_\_

Degree  Interested in volunteering to tutor middle school in our Schools of Hope program? Y N

How did you hear about the Urban League? \_\_\_\_\_

**Notes:** \_\_\_\_\_