

Membership Application

Note: All information will be kept confidential. NEXT Village SF will maintain the privacy of members' personal information in accordance with applicable California law. Confidential information regarding members will only be shared when necessary and only with the express approval of the member.

1. Name: _____
First Name Middle Name or Initial Last Name

2. Address: _____
Street City State Zip

3. Phone number: _____
Home Mobile

4. Email Address: _____

5. Birthdate: (mm/dd/yyyy) _____

6. Living situation

Marital/Relationship Status: _____

Live alone? Yes ___ No ___

If no, # of others in your household? _____

Household members' relationship to you: _____

7. Race _____

8. LGBTQ The City of San Francisco requires us to ask. Your response is optional.

What is your gender? (Please circle the one that best describes your current gender identity.)

- (1) Male
- (2) Female
- (3) Trans Male
- (4) Trans Female
- (5) Genderqueer/Gender Non-binary
- (6) Not Listed. Please Specify
- (7) Decline to answer

What was your sex at birth? (Circle one)

- (1) Male
- (2) Female
- (3) Decline to answer

How do you describe your sexual orientation or sexual identity? (Circle one)

- (1) Straight/Heterosexual
- (2) Bisexual
- (3) Gay /Lesbian/Same-Gender Loving
- (4) Questioning /Unsure
- (5) Not listed. Please specify:
- (6) Decline to answer

TYPES OF MEMBERSHIPS

_____ **Full Member** at **\$600** per year for up to 2 related people (or 2 people with a significant relationship in a household. Social membership and services).

_____ **Sustaining Member** at **\$600** per year for up to 2 people in a household (Tax deductible, Social membership only, no services)

_____ ***Associate Member** at **\$120**. For limited-income friends, or those seeking to join/support NEXT who may/may not require minimum services and may/may not be interested in social activities. *Please speak to the membership coordinator if this fee poses a true hardship for you.

Emergency Contact information:

Name: _____ Relationship _____

Phone: (_____) _____ - _____ Email: _____

Medical information:

Physician _____ Phone: (_____) _____ - _____

Address: _____

Health conditions:

Special accommodation(s), if any:

We are delighted that you are interested in becoming a member of NEXT Village SF! We will contact you very soon to learn more about your interests and needs. You may also apply online, or call, Jacqueline Jones, 415-888-2868, jjones@nextvillagesf.org or www.nextvillagesf.org.

NEXT Village SF, PO Box 330278 San Francisco, CA 94133