



MEMBER HOUSEHOLD APPLICATION

Select One	Check If You Are Changing	Team Name:
<input type="checkbox"/> New Member <input type="checkbox"/> Transfer <input type="checkbox"/> Renewal	<input type="checkbox"/> Adoptee <input type="checkbox"/> Additional Adoptee <input type="checkbox"/> Household Member	
	<input type="checkbox"/> Address <input type="checkbox"/> Income <input type="checkbox"/> Phone	Adoptee Name:

Member Name: _____	Cell Phone # _____
Physical Address: _____	Home Phone # _____
City and Zip : _____	
Mailing Address: _____	
Email Address: _____	

Ethnicity (E-Code) Key: Caucasian (1) Hispanic/Latino (2) African American (3) Asian (4) Multiracial (5) Native American Including Alaska Native and Pacific Islander (6) Undeclared (8)

Member Household Information

First Name <i>(Please print)</i>	Last Name <i>(Please print)</i>	Sex M/F	Birth Date	E-Code	Vet	SSI/SSD	Gross Yearly Income
1					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
2					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
3					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
4					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
5					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
6					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
7					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
8					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
TOTAL GROSS YEARLY INCOME \$							

Office Use Only

HUD Income Guidelines: \$ _____	<input type="checkbox"/> Over Income Letter Attached for Approval
Deposit Date: _____	Deposit No.: _____ Staff: _____
Start Date: _____	Transfer from Team: _____ Transfer to Team: _____
Member In Good Standing _____	



PLEASE PRINT ALL INFORMATION ON YOUR APPLICATION LEGIBLY, IN ENGLISH, WITH INK

A member must have an adoptee with whom you share a portion of the food you receive including meat and other specialty items, (an adoptee does not pay). You can find an adoptee yourself, or call the office at 503-655-8740. An adoptee can be anyone who meets the following qualifications:

Must be at least 65 years old, OR at least 18 years of age and on SSD, lives in Clackamas County, does not live in the same household of a member of Gleaners of Clackamas County, Inc., and meets the HUD Income Guidelines.

(Copy of the HUD Income Guidelines may be found at <https://www.gleanerscc.org>)

Gross Annual income is **ALL** income before any deductions for **ALL** members of the household for all of a year.

- I understand that the membership list is not private.
- I agree that no products distributed by Gleaners of Clackamas County, Inc. (GCCCI) shall be traded, sold, bartered or used for fundraising.
- I agree that no adoptee shall pay for products received.
- I certify that my physical residence is in Clackamas County.
- I agree to share a portion of my GCCCI product distribution, including meat and other specialty items with my adoptee.
- I certify that all information on this page is true and correct.
- I agree to notify GCCCI immediately with changes to the information on this page.
- I certify that I meet the qualifications of a member and I will complete my monthly service hours.
- I agree that GCCCI SHALL NOT BE LIABLE for any claims, injuries, damages, or actions to persons or property arising from or connected with my participation or my household's participations(s) in GCCCI.
- I agree to abide by all current GCCCI BY-LAWS, POLICIES, Procedures and team rules.

(Copy of By-Laws may be found at <https://www.gleanerscc.org>)

By signing below, I understand that there is a one time \$5.00 processing fee. I also understand that falsification of this information or forgery of signature, shall deem my application null and void and that my standing with this organization will be terminated. I agree to notify Gleaners of Clackamas County, Inc. of any changes in household members, adoptee, income or status immediately.

Gleaner Signature

Date

Team Leader Signature

Date