

IDAHO COMMUNITY ACTION NETWORK

3450 Hill Road ~ Boise, Idaho 83703 ~ (208) 385-9146 ~ Fax (208) 336-0997

ANNUAL MEMBERSHIP FORM – updated for 2011

The Idaho Community Action Network is dedicated to helping provide a voice for Idahoans committed to progressive social change. We aim to build the power necessary to mobilize these changes. As a member of the Idaho Community Action Network you will be provided an opportunity to help people out of poverty through their own efforts. You will have the opportunity to stay on top of legislative votes concerning poverty, participate in issue development of the I.C.A.N. organization, attend regional training workshops on organizing, be part of a united voice for change in Idaho and much more! Annual dues are on a sliding scale of \$15.00 to \$30.00 per household.

DATE _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ COUNTY: _____

***EST. HOUSEHOLD MONTHLY INCOME: \$** _____ **E-MAIL** _____

PLEASE CIRCLE ALL ISSUES YOUR HOUSEHOLD IS INTERESTED IN:

Disability/Utilities Healthcare Immigrant Rights Food & Nutrition

****PLEASE CIRCLE ANY PUBLIC ASSISTANCE ANYONE IN YOUR HOUSEHOLD RECEIVES:**

TAFI/TANF FOOD STAMPS MEDICAID/MEDICARE SSI/SSA/SSD ASD Energy Asst. CHIP

ARE YOU REGISTERED TO VOTE? _____ Yes _____ No _____ Not Eligible

WHAT IS YOUR PREFERRED LANGUAGE? ___ English ___ Spanish ___ Other: _____

Please list all members **living in your household** whether or not they are family **(Start with yourself)**

	NAME	Age	**Disabled?	**Ethnicity
1				
2				
3				
4				
5				
6				
7				
8				

* Estimated Monthly Income should include all household income. There is NO income limit or requirement to be a member of ICAN. Requirement for ICAN members to participate in the food program an income less that 185% of the Federal Poverty Line. The local food program committee or local organizing staff will assist you in income verification.

** You are not required to answer these questions. By answering these questions you help in making effective decisions about ICAN based on make-up of our members and it is useful information for funding purposes also. Your assistance is most sincerely appreciated.

I understand by becoming a member of I.C.A.N. that I understand and support the issues and purposes of the Idaho Community Action Network. I hereby acknowledge that I.C.A.N. is committed to diversity and does not support any acts of discrimination based on class, age, disability, sexual orientation, gender or any other types of discrimination. I hereby acknowledge that when participating in any I.C.A.N. related events, that I and anyone in my household, do so at our own risk. We waive all liability against I.C.A.N and/or any of its agents for any claims, demands damages and/or injury incur while participating in an I.C.A.N. events. Annual membership dues per household are \$15.00 to \$30.00.

CASH for membership: \$ _____ **Member's Signature** _____

CHECK # for membership: \$ _____ **Recruiter's Initials** _____

TOTAL AMOUNT PAID for the membership: \$ _____

IF YOU ARE PART OF A LOCAL FOOD PROGRAM, WHICH ONE? _____