



DEMOGRAPHIC INFORMATION

Member ID# _____

Name _____
(please print) first middle last

Employer _____ Job Title _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Business Telephone _____ Fax _____

Email _____

Birthday _____

SECTION A - MARITAL STATUS (PLEASE CHECK ONE):

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Single |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Widowed |

SECTION B - DEPENDENTS (PLEASE CHECK ONE):

- | | | |
|----------------------------|----------------------------|--------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 or above |

SECTION C - ETHNIC BACKGROUND (PLEASE CHECK ONE):

- | | | |
|----------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> American/Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern | |

SECTION D - AGE RANGE (PLEASE CHECK ONE):

- | | | | |
|-------------------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 10-19 or younger | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60-69 | <input type="checkbox"/> 90 and above |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 70-79 | |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 80-89 | |

SECTION E - EMAIL (PLEASE CHECK ONE):

- | | |
|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Yes, have email | <input type="checkbox"/> No, do not have email |
|------------------------------------------|------------------------------------------------|