

FOR OFFICE USE ONLY

MemberID:

Password:

Salem CyberSpace Member Sign-up

THIS INFORMATION IS REQUIRED

First Name:	Last Name:	MI:
Address:		
City:	Zip:	
Phone: ()	Email:	
Date of Birth:	Gender: Male / Female (circle one)	

OPTIONAL:

THIS INFORMATION HELPS US IN APPLYING FOR GRANTS TO FUND OUR PROGRAMS.

PLEASE FILL IN AS MUCH AS YOU FEEL COMFORTABLE DOING. THANKS

Ethnicity: (check one) <ul style="list-style-type: none"><input type="checkbox"/> Black/Not Hispanic<input type="checkbox"/> White/Not Hispanic<input type="checkbox"/> Asian<input type="checkbox"/> Hispanic<input type="checkbox"/> Cape Verdean<input type="checkbox"/> Native American/Alaskan<input type="checkbox"/> Other<input type="checkbox"/> No Response	Disability: (check one) <ul style="list-style-type: none"><input type="checkbox"/> None<input type="checkbox"/> Visual<input type="checkbox"/> Hearing<input type="checkbox"/> Mobility<input type="checkbox"/> Learning
Family Type: (check one) <ul style="list-style-type: none"><input type="checkbox"/> Single parent/female<input type="checkbox"/> Single parent/male<input type="checkbox"/> 2-parent household<input type="checkbox"/> Single person<input type="checkbox"/> 2 adults/no children<input type="checkbox"/> Other	Family Size: (check one) <ul style="list-style-type: none"><input type="checkbox"/> One<input type="checkbox"/> Two<input type="checkbox"/> Three<input type="checkbox"/> Four<input type="checkbox"/> Five<input type="checkbox"/> Six or more
Education: (check one) <ul style="list-style-type: none"><input type="checkbox"/> 0-8<input type="checkbox"/> 9-12/non-graduate<input type="checkbox"/> High School grad/GED<input type="checkbox"/> 12+ some post secondary<input type="checkbox"/> 2 or 4 yr College grad	Computer Competency: (check one) <ul style="list-style-type: none"><input type="checkbox"/> None<input type="checkbox"/> Beginner<input type="checkbox"/> Intermediate<input type="checkbox"/> Advanced
Do you own a computer? __ (Y/N) Do you have internet access? __ (Y/N)	Are you currently employed? __ (Y/N)
What is your income? (check one) <ul style="list-style-type: none"><input type="checkbox"/> < 10K<input type="checkbox"/> 11-25K<input type="checkbox"/> 26-50K<input type="checkbox"/> 50+	What is your primary language? (check one) <ul style="list-style-type: none"><input type="checkbox"/> English<input type="checkbox"/> Spanish<input type="checkbox"/> Portuguese<input type="checkbox"/> Other
How did you hear about us? (check one) <ul style="list-style-type: none"><input type="checkbox"/> Radio<input type="checkbox"/> Newspaper<input type="checkbox"/> Flyer<input type="checkbox"/> Church<input type="checkbox"/> Friend<input type="checkbox"/> Other	Who were you referred by? (check one) <ul style="list-style-type: none"><input type="checkbox"/> NSCAP<input type="checkbox"/> CDC<input type="checkbox"/> NS Career Center<input type="checkbox"/> Salem State/NSCC<input type="checkbox"/> Salem Public Schools<input type="checkbox"/> Point Neighborhood Association<input type="checkbox"/> Other