

Got Wheels! **Membership Application**

**PLEASE PRINT Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt./Unit No.\_\_\_\_\_\_\_\_\_\_\_**

**Daly City Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Encircle if applicable: 70 years +? Yes/No Need accessible vehicle? Yes/No**

**How did you hear about Got Wheels?**

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***Peninsula Family Service receives government funding for this program.***

***Your optional response will help us in our reports. Please check what applies to you:***

**American Indian or Alaska Native 🞏**

**Black or African American 🞏**

**Hispanic or Latino 🞏**

**Native Hawaiian & Other Pacific Islander 🞏**

**All Other 🞏**

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**Please send the completed form by:**

**Mail:**

**Got Wheels Coordinator**

**Peninsula Family Service**

**24 Second Avenue**

**San Mateo, CA 94401**



**Fax:**

**650-403-4303 d**

**ATTN: Got Wheels Coordinator**

**Email:**

**Cqmoreno@peninsulafamilyservice.org**