

Membership Application

Name		
Address		
City		ZIP
Email	Phone	
To apply for the Arizona Tax Credit program Thank you for your assistance. Number of Foster Children (Chronica Number of Foster Children (not abov Number of Adoptive Children Number of Kinship Children Number of Biological Children	cally Ill or Physically Disabled)	
Т	ΓΟΤΑL Children in your home	
Is your family eligible for TANF or are you an Arizon according to Arizona Tax Regulations and/or comply (Please consider your income prior to any benefits y family. We are asking only if you qualify, not if you r Serving qualifying families helps us to offer our Food	□ Yes □ No	
Jose's Clos	set Liability Waiver	
Jose's Closet is a nonprofit 501(c)3 charitable of community partners and from the general public some with a small fee, intending to help ease the cannot guarantee any equipment or goods that intended for use with safety in mind. I understand that any equipment, toys, formula,	lic. These donations are then pass ne expense of raising Arizona Fost come to Jose's Closet. They are d	sed on to our members, ster Children. We do not and distributed "as is" and are
or gifted to me "as is". I will not hold Jose's Close the right to accept or decline new/renewal men	set responsible for any liability. Jo	
Signature	Da	ate
Office Use Only, To Be (Completed by Jose's Closet Ad	min
Received By Rec'd Date	Receipt #	Roster Update
Amount \$ Cash or □	☐ Check # Re	enewal Month

Please list all children currently part of your household.

Child's Name	Age	Sex	QF	F	A	K	В

QF: Qualifying Foster (Chronically Ill or Physically Disabled)

F: Foster A: Adoptive K: Kinship B: Biological

Please return this form, with membership dues of \$50 to Jose's Closet. Membership will be updated upon receipt. Membership renewals will be based on the original renewal month. via mail:

in person:

Jose's Closet PO Box 1641

550 S Ironwood Drive Suite 1 Apache Junction, AZ 85120

Queen Creek, AZ 85142