Got Wheels! Membership Application (Limit 1 per couple)

PLEASE PRINT

Today’s Date____________________________

First Name________________________________ Last Name_________________________

Street Address________________________________________ Apt./Unit No.____________

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? ___________________________________________

Peninsula Family Service receives government funding for this program. Your 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 & Pacific Islander
- □ Other Race
- □ Income over $25,000/year?
- □ Male
- □ Female
- □ LGBTQ+
- □ Military veteran?

Please send the completed form by:

Mail: Got Wheels Coordinator
     Peninsula Family Service
     24 Second Avenue
     San Mateo, CA 94401

Fax: 650-403-4303
     ATTN: Got Wheels Coordinator

Email: Cqmoreno@peninsulafamilyservice.org