



# The W

## Reduced Membership Form

Membership dues are reduced.

The activation fee would be waived for the very 1st time signing up.

The activation will apply thereafter.

**Single Membership \$37.50/month**

**Two person family membership \$55.00**

**Family Membership \$65.00**

**Verification:** The information on this application will be checked by The W. Your application form will be submitted to the WSR Schools or applicable school district for FREE or REDUCED hot lunches or to the Bremer County Human Services for their verification of your statements for food stamps. After verification and approval the reduced membership rates will apply as stated above.

**Please circle one:**      WSR schools    or    Bremer Co Human Services or applicable county

Confidentiality: The information you provide will be treated confidentially and will be used only for eligibility determination and verification of date.

I, \_\_\_\_\_  
(print your name)

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of child or children in household that are receiving reduced/free hot lunches: \_\_\_\_\_

\_\_\_\_\_

Under school-age children in this household: \_\_\_\_\_

I certify that my child/children are receiving reduced/free hot lunches through the W-SR Schools or applicable school or that I am currently receiving food stamps through Bremer County Human Service or applicable county. **I hereby release any applicable information to The W for verification of reduced/free hot lunches or food assistance.**

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

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**For office purposed only: For applicable school or human services department: Please complete below and fax back to Jill @ 352-8720. Thank you.**

Verified: \_\_\_\_\_

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_