



2025 Membership Application

Thank you for your interest in Thrive membership!

Please ✓ the membership level that is best for you:

Intro Connect Enrich

Call us at 651-439-7434 if you need help choosing your best level!

Member Information

Legal FIRST Name _____ MIDDLE Initial ____ LAST Name _____

PREFERRED Name/Nickname _____ Pronouns _____

Address _____ Apt ____ County _____

City _____ Township (if applicable) _____ State ____ Zip _____

Phone _____ Email _____

Birthdate _____ Preferred method of contact _____

Emergency Information

Emergency Contact's Name _____ Relationship _____

Contact's Phone _____ Contact's Email _____

Please list any medical conditions or special accommodations emergency personnel should be aware of :

Additional Information

Employed? Full-time Part-time Retired Disability/IU Seeking Job

What is/was your primary profession or employer? _____

What are your skills and interests? _____

Are you currently involved in any local clubs or civic groups? If so, please share.

Which of the following Community Thread communications would you like to receive if you don't already? (please ✓ all that apply)

bi-monthly printed newsletter with news and our activity calendar (mailed)

monthly e-newsletter with special events and volunteer opportunities (emailed)

See page 2 →



Membership Application Continued

Household and Demographic Information

This information helps us comply with grant requirements and seek new funds to sustain and improve Thrive. Information will be kept confidential and used only to report statistics.

Your gender: Male Female Non-Binary Other (specify): _____

Marital status: Married Partnership Single Widowed Divorced

Are you a Veteran? Yes No Is/Was your spouse, parent, or child a Veteran? Yes No

Education/Degree Level: High School/GED College Graduate Doctorate

Preferred language: English Other (please specify): _____

Ethnicity:

- | | | |
|---|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native Hawaiian or Pacific |
| <input type="checkbox"/> American Indian or
Alaskan Native | <input type="checkbox"/> Hispanic/Latino/Spanish | <input type="checkbox"/> Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Middle Eastern or
North African | <input type="checkbox"/> Other (specify): _____ |

Which best classifies your home? Apartment Townhome/Duplex Single Home

How many adults are in your household? 1 2 3 or more

I have a household size of ONE and my income level is:

- At or below \$18,825 (\$1,569/mo)
- Between \$18,826- \$37,650 (\$1,570 - \$3,138/mo)
- At or above \$37,651 (\$3,139 /mo)

OR I have a household size of TWO OR MORE adults and our income level is:

- At or below \$25,550 (\$2,129/mo)
- Between \$25,551- \$51,100 (\$2,130- \$4,258/mo)
- At or above \$51,101 (\$4,259 /mo)

Is another member of your household applying for Thrive membership OR already a Thrive member? Yes No If yes, what is their name? _____

Thank you for completing your Thrive membership application. A member of our Thrive team will contact you to review your application and discuss the next steps.

If you have any questions, please call **(651) 439-7434**.

Mail to or drop off at: Community Thread • 2300 Orleans St. W. • Stillwater, MN 55082