



Membership Application
Dues - \$35.00 per year*

Name: _____ **Date:** _____
MM/DD/YYYY

Preferred Name: _____

Address: _____

Date of Birth: _____ **Age:** _____ **Sex:** M / F / T
MM/DD/YYYY

Ethnicity/Race: Caucasian/African American/Native American/Hispanic/Other:

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Spouse/Significant Other's Name: _____

Date of Anniversary: _____

Have you been a member of this Center in the past? _____ **Yes** _____ **No**
If so, when? _____

Below is a list of the most popular activities at the Center. Please indicate those you would like to participate in:

- Acting Adult Coloring Bible Study Bingo Bridge Bunco Ceramics
 Crafts Hand & Foot Canasta Knitting/Crochet Quilting Water Color
 Dominoes Rummikub Mahjong Creative Writing Trivia Line Dancing
 Chair/Drum Yoga Gardenine Woodworking

Trips: Single day Overnight 1-3 days 4-7 nights Cruises

Volunteer at the Senior Activity Center for any of the following:

- serve as host/hostess at monthly meetings provide coverage for front desk for lunch and vacation days perform light office duties to assist staff help with special events/fundraisers

OVER

Do you have Talents/Hobbies/Additional interests: _____

Please tell us something about yourself:

Where were you born? _____

What other towns or states have you lived? _____

How long have you lived in this area? _____

What brought you to this area? _____

What is your previous work experience? _____

What duties did you perform? _____

*** Membership dues are currently \$35.00 annually and should be renewed January of each year. Dues are prorated quarterly for brand new members. All dues are considered to be a donation to the Center and are non-refundable.**

Signature

MM/DD/YYYY

Health and Wellness Information

(All information will be kept confidential and is used only in case of an emergency)

PLEASE PRINT

Today's Date: _____ Date of Birth: _____
MM/DD/YYYY MM/DD/YYYY

Name: _____
First Middle Last

Address: _____

Home Phone: _____ Cell Phone: _____

If your cell phone is locked, how is it unlocked: code# _____

In Case of Emergency, Please Contact:

#1 Name/Relationship: _____

Phone: _____

Home Cell Work

#2 Name/Relationship: _____

Phone: _____

Home Cell Work

Primary Care Physician: _____

Phone: _____

Address: _____

Preferred Hospital: _____

MEDICATIONS: (Please list each medicine, dosage and condition being treated. You can attach a printout of all medications. This is needed in case of emergency)

GENERAL HEALTH INFORMATION: _____

ALLERGIES (Food/Medications/Environmental): _____

HEALTH INSURANCE PROVIDER _____

POLICY NUMBER _____

PROVIDER'S PHONE NUMBER _____

Signature _____ **Date:** _____