



## Membership Application

*Dues - \$50.00 per year*

**Have you been a member of this Center in the past? Yes \_\_\_\_\_ No \_\_\_\_\_**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last) MM/DD/YYYY

Preferred Name: \_\_\_\_\_

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

(City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_  
MM/DD/YYYY

Ethnicity/Race: Caucasian/African American/Native American/Spanish/Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Permission to publish your name, address, phone & email in Directory? Yes or No

Spouse/Significant Other's Name: \_\_\_\_\_

Date of Anniversary: \_\_\_\_\_

If you have been a member in the past, when? \_\_\_\_\_

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

- ☐ Bible Study ☐ Bingo ☐ Ceramics ☐ Crafts ☐ Knitting/Crochet ☐ Quilting
- ☐ Painting/Water Coloring/Coloring Books ☐ Card games ☐ Gardening
- ☐ Bridge/Canasta ☐ Dominoes ☐ Mahjong ☐ Bunco ☐ Creative Writing
- ☐ Choir ☐ Chair Aerobics ☐ Rhythmic Drumming ☐ Line Dancing
- ☐ Trips: ☐ Single day ☐ Overnight 1-3 days ☐ 4-7 nights ☐ Cruises
- ☐ Volunteer at the Senior Center monthly meetings and/or fund raisers.
- ☐ Volunteer to serve as host/hostess at monthly meetings.

**OVER**

Do you have Talents/Hobbies/Additional interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us something about yourself:

Where were you born? \_\_\_\_\_

What other towns or states have you lived in?

\_\_\_\_\_

\_\_\_\_\_

How long have you lived in this area? \_\_\_\_\_

What brought you to this area? \_\_\_\_\_

\_\_\_\_\_

What is your previous work experience? Where did you work?

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

MM/DD/YYYY

\_\_\_\_\_



**Health and Wellness Information**  
**(All information will be kept confidential)**

**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:

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 meds)

\_\_\_\_\_  
\_\_\_\_\_

GENERAL HEALTH INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES (Food/Medications/Environmental): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HEALTH INSURANCE PROVIDER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

PROVIDER'S PHONE NUMBER \_\_\_\_\_

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