

2016 MEMBERSHIP REGISTRATION FORM

Please print legibly and bring this form with payment to the Senior Center welcome desk where you will receive your membership card and a warm welcome!

For Household Memberships: EACH person must fill complete a separate registration form.

(Please check one) Mr. Mrs. Ms. Miss Dr. Other _____

Name _____
First Nickname (if preferred) MI Last

Address _____
Street Number & Name

_____ City State Zip

Email _____

Home Phone (_____) _____ Cell Phone (_____) _____

Birth Date (Mo/Day/Yr) _____ I prefer not to share my birthdate

Membership Types & Dues (Please check one)

1 year: Individual \$130 Household \$240 (HH=2 adults at the same address)

6 months: Individual \$ 75 Household \$140

If joining as a household, your household member's name _____

If not joining as a household, your spouse/partner's name _____



Signature for Registration Form _____

Date _____

Have you ever been a member of the Senior Center? Yes No If so, what year(s)? _____

How did you hear about the Senior Center? (check as many as apply) Website Search Healthcare Provider

OLLI Area Business Media Participated in program or special event Other _____

From a Center member (Name of referring member: _____)

Senior Center, Inc. welcomes everyone regardless of race, color, religion, gender, sexual orientation, gender identity, national origin, age, physical or mental disability, or any other basis prohibited by law.

Emergency Contact Information (If you joined as a HH, please provide a 3rd party contact)

Emergency Contact Name _____

Relationship to you _____

Phone (_____) _____ Cell Phone (_____) _____

Email Address: _____

Release and Waiver of All Claims

PLEASE READ BEFORE SIGNING BELOW

FOR AND IN CONSIDERATION OF my participation in the Senior Center, Inc. programs and activities, I forever release and covenant to hold harmless the Senior Center, Inc. and its officials, officers, employees, independent contractors, representatives and agents from any and all claims or causes of action for injuries, costs or other damages which I may hereafter have as a result of my participation in any Senior Center, Inc. program or activity. I expressly agree that this Release and Waiver is as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that if any portion is invalid, I agree that the balance shall continue in full force and legal effect.

PLEASE READ ABOVE BEFORE SIGNING BELOW

Signature for Release and Waiver

Date

Information Release Contact info to Senior Center members only upon request, not to general public

Yes, I hereby authorize my name, address, phone number and/or email address to be made available to those **Senior Center members** who request to contact me.

No, I do not authorize a release of my contact information to **Senior Center members**.

Picture Waiver

Yes, Senior Center, Inc. has permission to use my photograph, video and audio recordings, likeness, artwork, profile and/or story in any publications, web pages, and other promotional materials produced, used by, and representing Senior Center, Inc., including, but not limited to: newsletters; annual reports; brochures; email; DVD, and website. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

No, I do not authorize a Picture Waiver.

Please help us accurately document our demographic data—information obtained is used for statistical purposes only. If you choose not to answer the question, please mark the red box so we know an answer was not left blank by accident. Thank you!

1. **Residence:** C'ville Albemarle Fluvanna Greene Louisa Nelson Other _____
 I choose not to answer this question.
2. **Ethnicity:** Hispanic/Latino/Spanish **NOT** Hispanic/Latino/Spanish I choose not to answer this question.
3. **Race:** African-American Asian Multi-Racial White Other (please specify) _____
 I choose not to answer this question.
4. **Gender Identity:** Male Female I choose not to answer this question.
5. **Marital Status:** Single (never married) Married Domestic Partnership Widowed Divorced
 I choose not to answer this question.
6. **Home Ownership:** Own Home Rent or Lease I choose not to answer this question.
7. **Living Arrangement: I live ...** alone with spouse or domestic partner with roommate
 with adult child or child's family with family member other than child I choose not to answer this question.
8. **Transportation to/from Center:** Drive myself Ride with friend Caretaker/family member
 JAUNT Public bus Other (please specify) _____
 I choose not to answer this question.
9. **Caretaking status:** I have a caretaker I am a caretaker Not Applicable
 I choose not to answer this question.
10. **Year you moved to C'ville area & why (if applicable):** Year _____ Reason _____ N/A
 I choose not to answer this question.
11. **Are you Employed?** Full Time Part-time Seeking employment Retired
Current or Former Occupation: _____
 I choose not to answer this question.

Senior Center Office Use

Data Entry Use
Donor Perfect Member ID# _____
MSC file # _____
Vol/Staff Initials _____

Front Desk Volunteer Use
MSC Keytag ID # <u>X</u> _____
Amt Paid \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card
Received By: _____ Date Rec'vd _____

Photo Taken Key Card activated & instruction to new member