

Membership Dates _____

Key Fob # _____

Sam's ID # _____



Senior
Friendship
Centers

Activity Center Membership Registration

First Name _____ Age _____ DOB _____

Last Name _____ Middle Initial _____ AKA Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Gender _____ Veteran _____ Live Alone? _____ Volunteer Here? _____

Are you interested in our nutrition program? _____

Is your income below or above \$25,000? _____

Do you own a computer or iPad? _____

Ethnic Group Black/African-American White/Caucasion Hispanic
 Asian Other please list _____

EMERGENCY CONTACTS: *Required*

Name _____ Relationship _____ Local _____

Daytime Phone _____ Email _____

Name _____ Relationship _____ Local _____

Daytime Phone _____ Email _____

Turn over to finish registration

Membership Fees 2022:

_____ Annual, Individual: \$99

_____ Annual, Couple: \$139 (must live at the same address)

_____ Seasonal, Six-Month, Individual: \$69

_____ Seniors, Age 90+: **FREE**

*Activity fees may apply.

How did you hear about us?

Payment Method:

Cash Check Credit Card

Amount Paid: _____ Date paid: _____

I would like to make a tax deductible donation to support the Senior Friendship Centers.

_____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500 _____

_____ \$750 _____ \$1,000 _____ \$2,500 _____ \$5,000 \$ _____

Release Waiver:

As a participant in activities and programs, I voluntarily agree to assume and hold Senior Friendship Centers harmless against all risk of loss, impairment, damage or injury of whatever kind may be sustained or suffered, whether or not resulting in whole or part from act or omission, negligence or other unintentional fault of the Centers.

Printed Name: _____

Signature: _____ Date: _____



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