



*Please note: we will not share the information provided on this sheet.

FOR STAFF USE ONLY:

Membership Dates _____

Key Fob _____

Sam's ID _____

Membership Registration • Required Information Per Individual

First Name _____ Last Name _____ Middle Initial _____

DOB _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Gender _____ Veteran _____ Live Alone _____

Check the box if income is below \$25,000 (needed for funding purposes)

Ethnicity: African-American Caucasian Hispanic Asian Other - _____

EMERGENCY CONTACT: Required

Name _____ Relationship _____ Phone _____

Membership Fees:

_____ Annual, Individual: \$125

_____ Seasonal, Six-Month, Individual: \$75

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

How did you hear about Senior Friendship Centers?

Payment Method: Cash Check Credit Card Scholarship

Amount Paid: _____ Date paid: _____

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

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

RELEASE WAIVER: Required

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 resulting in whole or part from act or omission, negligence, or other unintentional fault of the Centers.

Printed Name: _____

Signature: _____ Date: _____