



\*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 \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Veteran \_\_\_\_\_

Household Size:  One Person  Two People  Three People  Four or More

Annual Income:  Under \$25,000  \$25,000-\$40,000  \$40,000-\$50,000  \$50,000-\$60,000

\$60,000-\$75,000  Above \$75,000  Refused to Answer

Ethnicity:  Caucasian  African-American  Hispanic  Asian  Other - \_\_\_\_\_

**EMERGENCY CONTACT: Required**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Membership Fees:**

\_\_\_\_\_ Annual, Individual: \$125

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

\_\_\_\_\_ Monthly, Individual: \$30

\_\_\_\_\_ 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.

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