

FOR STAFF USE ONLY:

Membership Dates: _____



Senior Friendship Centers

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

Membership Registration • Required Information Per Individual

First Name _____ Last Name _____ DOB _____

Email _____ Phone Number _____

Address _____ Apt/Unit/Lot # _____

City _____ State _____ Zip _____ Gender _____ Veteran _____

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

Annual Income: Under \$15K \$15K-\$20K \$20K-\$36K \$36K-\$49K \$49K-\$62K

\$62K-\$75K \$75K-\$87K Above \$87K Refuse to Answer

Ethnicity: Caucasian African American Hispanic Asian Bi-racial Other _____

EMERGENCY CONTACT: Required

Name _____ Relation _____ Phone _____

Membership Fees:

- _____ Annual, Individual: \$150
- _____ Six-Month, Individual: \$90
- _____ Monthly, Individual: \$35
- _____ Age 90+: **FREE**

How did you hear about Senior Friendship Centers?
 *Please circle all that apply.
 Website – Social Media – Family/Friend – TV - Printed Ad/Newspaper – Staff – Legacy Trail – Previous Member – Other

Payment Method: Cash Check Credit Card

FOR STAFF USE ONLY:

Amount Paid: _____ Date paid: _____ Staff Initial: _____

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

\$50 \$100 \$250 Other _____

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: _____