



**MEMBERSHIP REGISTRATION FORM**

**Please Print Legibly and Attach Payment.**

**One application per member.**

**\* = required information.**

**CONTACT INFORMATION**

(Please Circle One)    Mr.           Mrs.           Ms.           Miss           Dr.           Other \_\_\_\_\_

**\*NAME:**

\_\_\_\_\_  
First Name                      Nickname (if preferred)                      MI                      Last Name

**\*ADDRESS:**

\_\_\_\_\_  
Street    City    State    Zip

Spouse/Household Member Name: \_\_\_\_\_

\*Home Phone (\_\_\_\_\_) \_\_\_\_\_                      Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_                      Email \_\_\_\_\_

**ABOUT YOU: (please circle one)**

**Residence:**    Charlottesville    Albemarle    Fluvanna    Greene    Louisa    Nelson    Other \_\_\_\_\_

**Ethnic Group:**    African-American    Asian    Hispanic    Caucasian    Latino    Other \_\_\_\_\_

**Gender:**    Male    Female                      \***Birth Date (Mo/Day/Yr)** \_\_\_\_\_

**Retired:**    Yes    No                      (If Yes) **Retirement Date** \_\_\_\_\_

**Present or Former Occupation/Career** \_\_\_\_\_

**Are Interested in learning about volunteer opportunities at the Senior Center or in the community?**

Yes           No

**It's Happening at the Senior Center!**  
**www.seniorcenterinc.org**

**CONTINUED ON BACK**

Have you ever been a member of Senior Center, Inc. before? Yes No

If so, what year(s)? \_\_\_\_\_

How did you hear about Senior Center, Inc.? (circle as many as apply) Area Business

Senior Center Member: \_\_\_\_\_ OLLI (formerly JILL) Senior Center Times

(newsletter) Senior Center Website

Participated in program or special event Local Media (TV, radio, newspaper) Other

**\*EMERGENCY INFORMATION:**

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address:

Street City State Zip

If your emergency contact does not live locally, please provide us with a local emergency contact.

Local Contact \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Information Release:**

Yes, I hereby authorize my name, address, phone number and email address to be made available to those Senior Center members who request to contact me. This can include, but is not limited to, invitations to special events, program updates, volunteer opportunities, etc.

**Picture Consent**

Yes, I hereby authorize any pictures taken of me while I am participating in Senior Center activities to be used in Senior Center, Inc. publications. (The staff will still make every effort to notify you prior to using your photograph.)

**Annual Dues Options: Individual \$78/ Household \$139 (2 only). A Household is defined as any two people living at the same residence. Options are available for area visitors; please inquire at the Front Desk or call (434) 974-7756. All Membership Dues are non-refundable. Checks to be made payable to Senior Center, Inc.**

Rev. 03/09

**\*Signature** \_\_\_\_\_

DATA ENTRY	
Member ID#	_____
Renewal Date	_____
Opr. Initials	_____

For Office Use Only				
Type:	VT	AS	IND	HH2
Amount Paid \$:	_____			
CH #:	_____	or	Cash	
Rec'vd By:	_____			
Date Rec'vd :	_____			



## **Release and Waiver of All Claims**

### **READ BEFORE SIGNING BELOW**

**FOR AND IN CONSIDERATION** of the Senior Center, Inc. allowing me to participate in Senior Center programs and activities, I, \_\_\_\_\_ (Print Name) do forever release and covenant to hold harmless the Senior Center, Inc. and their elected 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 any Senior Center program or activity whether or not caused or contributed to by any negligence or alleged negligence on the part of the Senior Center, Inc., their elected officials, officers, employees, independent contractors, representatives and agents.

**IT IS UNDERSTOOD** that there may be risk of personal injury or otherwise in any activity and that the threat of litigation severely limits the recreation or educational activities that the Senior Center, Inc. can offer.

**IT IS FURTHER AGREED AND UNDERSTOOD** I assume full responsibility for the risk of any bodily injury, death or property damage that occurs while I am participating in the Senior Center programs, events, and activities. I expressly agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that if any portion is invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

**I CONSENT** to the above paragraphs.

**I FURTHER STATE** that the foregoing Release and Waiver of All Claims has been carefully read and I know of the contents thereof and have signed the same by my own free act.

### **PLEASE READ ABOVE BEFORE SIGNING BELOW**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Questionnaire

Please complete and submit to the Front Desk with your Membership Application.



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**1. When do you plan to use the Senior Center? (Check all that apply)**

- Monday - Friday 8:00 a.m. to 4:30 p.m.
- Tuesday, Wednesday, and/or Thursday 4:30 p.m. to 8:30 p.m.
- Sunday 2:00 p.m. to 6:00 p.m.

**2. What types of programs would you be interested in learning more about? (check all that apply)**

- Performing Arts** such as drama club, bands, dance groups, singing ensembles, etc.
- The Arts** such as painting, ceramics, woodcarving, crafts, sewing, knitting, etc.
- Health and Fitness** such as tai chi, aerobics, hiking, racquetball, swimming, softball, etc.
- Recreational Programs** such as bingo, bridge, poker, chess, bowling, etc.
- Lifelong Learning** such as OLLI classes, current events, book clubs, writing groups, historical lectures, etc.
- Travel** such as day trips, cruises, weekend get-a-ways, travel packages, group trips, etc.
- Volunteering** in the Senior Center or in the community.
- Services** such as pedicures, manicures, onsite oil change, free notary, etc.
- The Next Chapter** life planning program including peer discussions, workshops, classes, etc.

**3. How did you hear about the Senior Center? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> NBC 29 (WVIR)      | <input type="checkbox"/> C-Ville Weekly      |
| <input type="checkbox"/> CBS 19 (WCAV)      | <input type="checkbox"/> Blue Ridge Outdoors |
| <input type="checkbox"/> ABC 16 (WVAV)      | <input type="checkbox"/> Echo                |
| <input type="checkbox"/> WINA 1070 AM       | <input type="checkbox"/> Direct Mail         |
| <input type="checkbox"/> The Hook           | <input type="checkbox"/> Website             |
| <input type="checkbox"/> The Daily Progress | <input type="checkbox"/> Other _____         |