



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 \$82/ Household \$146 (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. 03/10

***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 _____ |