



“This institution is an Equal Opportunity provider and employer”

NEW MEMBERSHIP APPLICATION

PERSONAL INFORMATION

LAST NAME:	FIRST:	MI:

COMPLETE PHYSICAL & MAILING ADDRESS: _____ _____ _____ _____	HOME PHONE:
	BIRTHDAY:
	SPOUSE/COMPANION:
	Email Address:

RACIAL ORIGIN—CIRCLE ONE:

AMERICAN INDIAN/ALASKAN NATIVE ASIAN BLACK//AFRICAN AMERICAN WHITE

HAWAIIAN/PACIFIC ISLANDER OTHER/MULTI-RACIAL

HISPANIC/LATINO ETHNICITY - CIRCLE ONE YES NO

EMERGENCY CONTACT

NAME: _____ RELATION: _____

PHONE NUMBERS

HOME _____ WORK _____ CELL _____

SPECIAL INTERESTS OR HOBBIES

What do you enjoy doing and what type of activities would you like to see here at the Center?

The information obtained on this application form is considered private and confidential, and will not in any way be disclosed And/or released without my personal authorization.

Signed: _____ Date : _____

"In accordance with Federal Law (Title VI), Frederica Senior Center does not discriminate on the basis of race, color, national origin, sex, familial status, religion or disability.