



**LOWCOUNTRY SENIOR CENTER
MEMBERSHIP REGISTRATION FORM**

Office Use Only

Date Rcvd _____
Regular _____ Gold _____
Renewal date _____

If you are a new member, or your membership has been expired for 30 days or more, please complete all fields.
If you are a current member or your membership has been expired for less than 30 days,
please complete only the fields in red, unless your information has changed.

Please Print

Personal Information (Renewals – please complete fields in red, unless you have changes)			
Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	First Name	MI	
Name on Badge	Address		
Email	City	State	Zip
Home Phone	Cell Phone	Work Phone	
I give my permission for the release of my contact information if requested by other members: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Demographics (Renewals – please complete fields in red, unless you have changes)			
Birthdate (mm/dd/yyyy): ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Group (<i>optional</i>): <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	
Present or former occupation:		Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Information (Please complete all fields)			
Emergency Contact Name	Relationship		
Home Phone	Cell phone	Work Phone	
Doctor's Name			
Membership Information (Renewals – please complete fields in red)			
How did you hear about the Senior Center? <input type="checkbox"/> Area Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Church <input type="checkbox"/> Publication <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Member _____ <input type="checkbox"/> Other _____			
Would you be interested in volunteering at the Senior Center? <input type="checkbox"/> Already a Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of membership <input type="checkbox"/> Regular Membership \$50 <input type="checkbox"/> Gold Membership \$85 <input type="checkbox"/> Out of county resident \$60 Reg/\$95 Gold <input type="checkbox"/> Out of state resident Temporary Membership \$10 Reg/\$15 Gold # of months _____ <input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Signature		Date	

The membership fee is non refundable. Payable to Lowcountry Senior Center by cash, check, or credit card (Visa, MasterCard, Discover, or American Express).