



Joslyn Senior Center Membership Information Sheet

(Membership open to 50 years or over)

Please Type or Print

Name: Mr./Mrs./Ms. _____

Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ E-Mail: _____

Emergency Contact: _____ Phone: _____
(Relationship)

YES, I would like to volunteer. Please send me a volunteer application form.

Membership Levels:

Individual \$30 _____

Family (2 Family Members) \$60 _____

Angel (Membership + Donation) \$100 _____

Lifetime \$500 _____

Donation \$ _____

Total Membership & Donation \$ _____

I (on behalf of myself, my heirs, assignees and legal representatives) hereby agree to release the Joslyn Senior Center, its officers, employees and agents from any liability for accidents, injuries, loss and damages to my person or property that may arise out of my participation in or presence at the above described activities. I certify that I am in good physical health and there is no reason(s) why I should not participate in or be a spectator at this activity. I understand and acknowledge that the Joslyn Senior Center does not guaranty the construction, condition or safety of the facility or equipment. I have carefully read this agreement and understand that it is a waver of liability and limitation of some of my rights and I have entered into this agreement of my own free will.

Member _____ Member _____

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OFFICE USE ONLY

Date Joined: _____ Card Issued: _____ Received By: _____

Cash: _____ Check # _____ C/C # _____ Exp date: _____