



# 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: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_

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 \_\_\_\_\_

=====

### OFFICE USE ONLY

Date Joined: \_\_\_\_\_ Card Issued: \_\_\_\_\_ Received By: \_\_\_\_\_

Cash: \_\_\_\_\_ Check # \_\_\_\_\_ C/C # \_\_\_\_\_ Exp date: \_\_\_\_\_