

GIG HARBOR SENIOR CENTER

Λ	Aember Information	n (required, please u	se blue or black ink)							
Last Name		First Name		MI						
Address	City	/	State	Zip Code						
Home Phone	Cell Phone _		Date of Birth							
Email Address	Today's Date									
	Emerge	ency Information (red	quired)							
Emergency Contact		Relationship	Phone #							
Emergency Contact		Relationship	Phone #							
Medical Insurance (Yes/No)	Insurance Compar	ny								
Preferred Hospital		Medical Info:								
Note any medical problems related to s		•		zures, disabilities, etc.)						
Demograp	hic Information (opti	onal, information may	be used for grant applications)							
Married	Single	Widowed	# In Household							
African-American Native/Hawaiian/Pacifi			American Indian/Alaskan	Caucasian						
Total Monthly Income:Le	ess than \$1,100	\$1,100 - \$,14	00\$1,500-\$2,500 _	Over \$2,500						



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The Gig Harbor Senior Center is for people of all races, religions, gender choice and ethnic cultures

Read and initial below, indicating understanding:

 I understand the membership fee that is paid is to register myself in our files. It is not a fee for any activity. It is non -
refundable. I further understand that fees for other services or programs may be charged.

I realize that participation in physical recreation and other activities carries the possiblity of severe or permanent injury. In the event that I am injured or should require medical attention, I hereby authorize a staff person to secure necessary medical treatment. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my medical treatment(s) that may proceed without further authorization. I release the Gig Harbor Senior Center from any liability for accidents or injuries that occur while I am in their facility.

I agree to fully abide by, and cooperate with, staff members and volunteers of the Gig Harbor Senior Center and follow the organizations policies and procedures. I also fully understand that failure to accept responsibility for inappropriate actions may result in corrective action and/or membership cancellation.

____ I understand the four (4) codes of conduct of the Gig Harbor Senior Center::

1) Respect yourself and other members and visitors.

2) Respect for all staff and volunteers as employees and program leaders.

3) Respect for Center's facilities and equipment.

4) Strictly prohibited actions: a) Cursing, swearing, racial remarks, or any other form of verbal abuse.

b) Fighting or any other form of physical abuse.

c) Use, or possession of controlled substances, weapons or intoxicants.

d) Smoking, chewing, vaping or any other use of tobacco products.

_____ The Senior Center is not responsible for lost or stolen items and members are discouraged from bringing items of value.

_____ Members are free to come and go as they please, within designated Center hours.

_____ Board members will not pursue their own interest for their own personal gain.

_____ Board members will not have conflict of interest with the Senior Center values.

Signature _____

Date _____

Member Na	ame							_	Effec	tive Date	e	
Address								_	Phon	e #		
-		•	dual Mer members		•	e date (of sign-	up/ren	ewal			
-	\$1	,000 Life	etime Cha	arter N	/lembe	ership			_ R	equest l	inancial	Assistanc
		-	Yes	;	_ No	Renev	val Me	mbersh	ip?			
	Method of Payment											
_	Check P	lease m	ake chec	ks out	to" <i>Gi</i>	g Harbo	or Seni	or Cente	er"			
-	Cash		Amo	unt								
_	Credit Ca	ď										
-	f you wish to po o collect necess	-	-				Card" a	nd we w	ill get	back wi	th you wi	th a phone