



# Forks Senior Center Membership Application

101 N. Albion St., P. O. Box 944, Albion, MI 49224 Phone: 517-629-3842

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Newsletter Preference:  Email  Home

Renew Active ID# \_\_\_\_\_ Scan # \_\_\_\_\_

Other Health Services ID# \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Confidential information (please complete to insure financial support from our funders):

#### Gender and Bottom of Form

Ethnicity  Female  Male  Other

African American  American Indian  Asian  Caucasian  Hispanic  Other

#### Annual Income

100% 150% 200%

Single: Less than:  \$12,880  \$19,320  over \$25,760

Married: Less than:  \$17,420  \$21,130  over \$34,840

#### How did you hear about Forks Senior Center?

Top of Form

Newspaper  Senior Times  Website  Flyer  Friend or family  FSC Member

What are your special interests?  Special Events  Computers  Education

Arts & Crafts  Health & Fitness  Travel

#### Where would you be interested in volunteering?

Reception Desk  Fundraisers & Events  Set Up for Functions (tables & chairs)

Van Driver for Trips  Cleaning/Maintenance  Luncheon or Potluck Dinners

- FSC Membership is available for persons age 60 +.
- Membership Dues are \$75.00 annually and are due on January 1
- Payment plan is available for those who qualify (2 payments of \$37.50 due January 1 and June 1)
- Subsidies can be requested for those who fall below the 100% of the federal poverty line and can provide appropriate documentation. Contact the Office Manager for additional information.

Forks Senior Center

MEMBER

**DISCLAIMER AND WAIVER OF LIABILITY**

Forks Senior Center (FSC) facilities, programs, and services are for use by our members and registered guests. FSC does not have professional trainers or attendants on duty in its fitness center or other areas of the facility, and FSC employees are not responsible for providing advice of any kind regarding the use of exercise equipment or participation in exercise or other health-and-wellness classes or activities.

I, the undersigned, understand that participation in FSC’s on-site or off-site activities, programs, or services could result in severe injuries, including paralysis or death, and I assume any and all such risk. In consideration for allowing me to use FSC facilities, I hereby for myself, my heirs, executors, and administrators, waive and release all rights and claims for losses and damages I may have against FSC and its representatives, successors and assigns for any and all injuries suffered by me as a result of my use of these facilities.

I also agree to hold harmless FSC from and against all liability because of damage to my property while engaged in FSC activities, programs, and services on-site and off-site. FSC shall not be liable for any actions taken or injuries incurred in these areas.

Signature\_\_\_\_\_Date\_\_\_\_\_

Consent to use photos, audio, digital, or video images and artwork.

I hereby consent to photographs/audio or video footage and / or other images of myself or my artistic works being utilized by Forks Senior Center for any of the following purposes:

- Social media
- Marketing and promotional activities
- website
- newsletters and publications (electronic or hardcopy)
- or other specified use